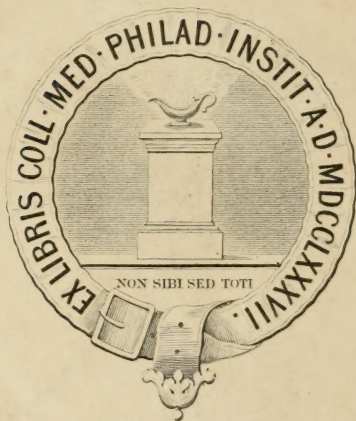




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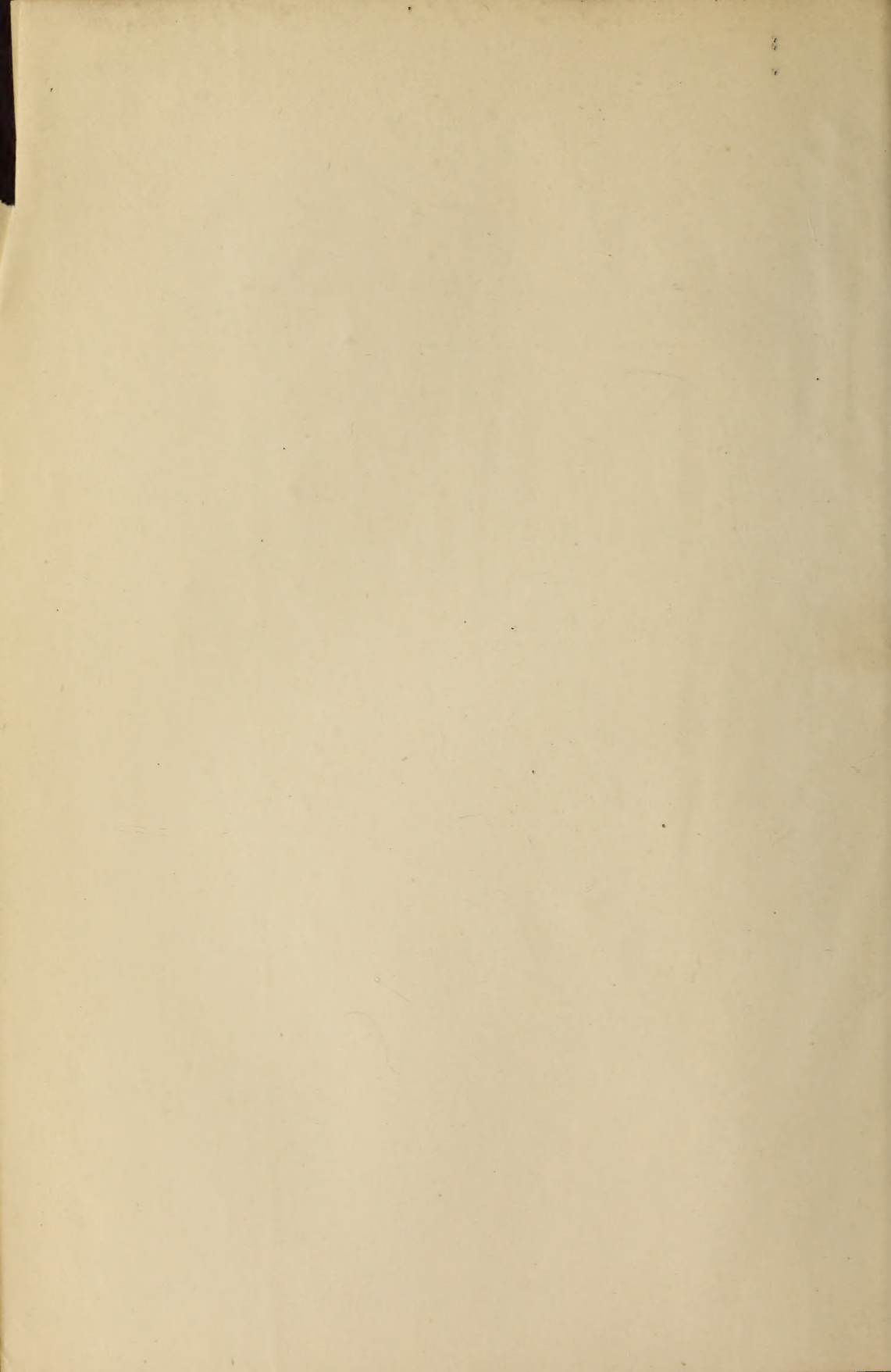
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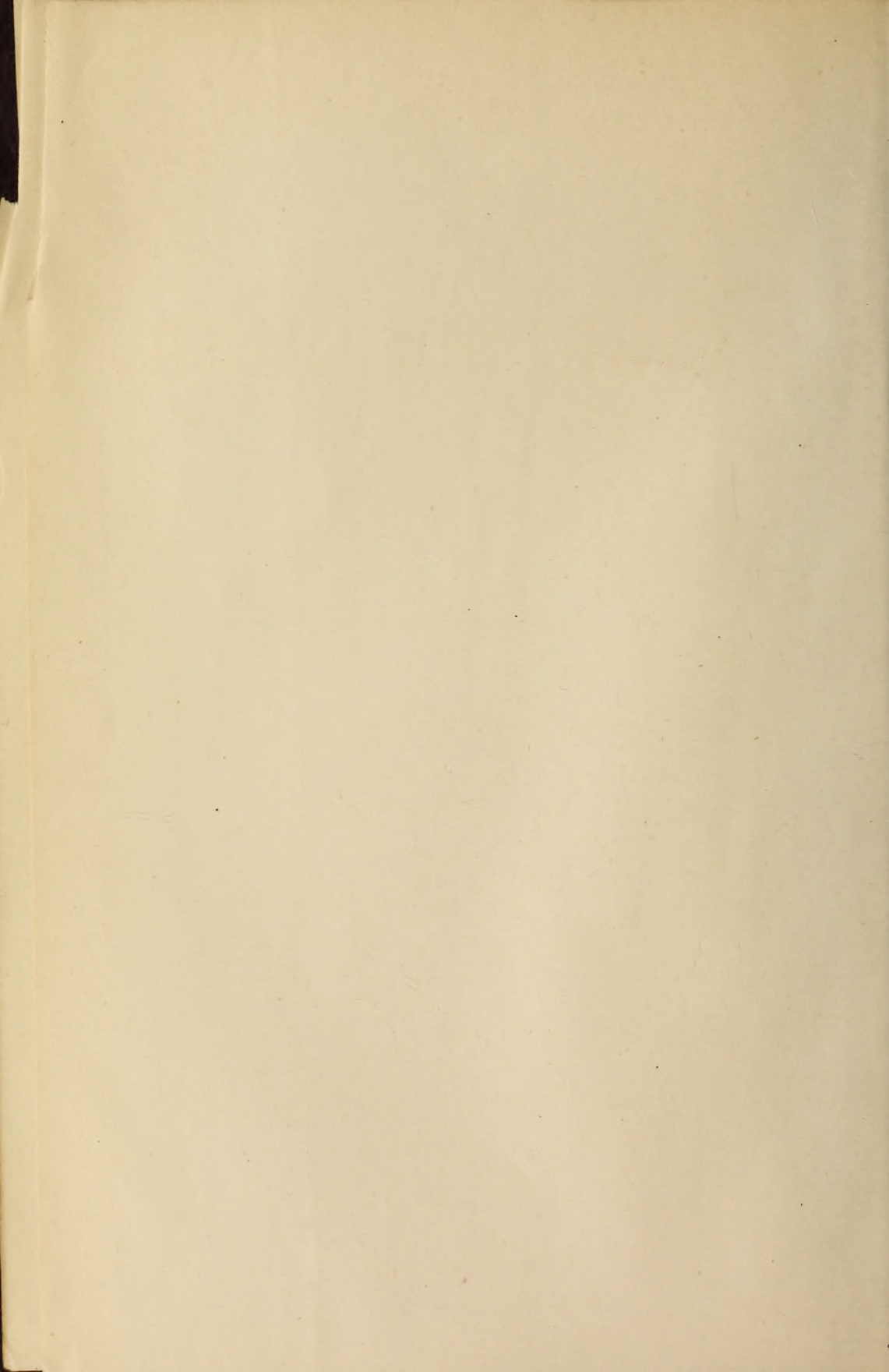














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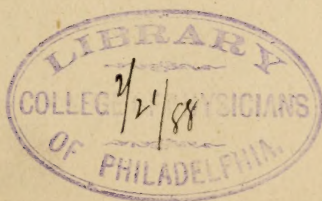
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# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
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## Original Department.

### FATTY DEGENERATION OF THE HEART WITH ILLUSTRATIVE CASES.

BY J. W. DOWLING, M. D.,

Professor of Physical Diagnosis, Diseases of the Heart and Lungs and Clinical Medicine, New York Homœopathic Medical College.

Any tissue of the body deprived of its normal blood supply will undergo pathological changes.

Any tissue of the body taxed beyond its normal powers of endurance, without sufficient intervals of rest, will undergo pathological changes.

As an illustration of the first of these axioms, might be mentioned the condition which entitles this article; again, œdema of the great nerve center the brain, as a result of imperfect blood supply; and necrosis or softening of local patches of brain tissue, resulting from total loss of blood supply from embolism, or the pressure of a clot left from a cerebral hæmorrhage. Then the familiar condition known as hæmorrhagic infarction of the lung, spleen or kidney, may be mentioned as an example of necrosis from damming of arterial twigs, the result of a thrombus loosened from the valves of the heart or elsewhere. As an illustration of this, I may be pardoned for mentioning a case from my own practice, already reported, of sudden and total blindness of the right eye, from embolism of the central artery of the retina, the clot producing the obstruction having been washed from the aortic valve. The case was one of constriction of

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the aortic orifice, the accident occurring during a period of unusually weakened action of the heart, following a profuse and obstinate epistaxis.

As an illustration of the second axiom, may be mentioned chronic cerebral hyperæmia resulting from over mental strain; dilatation and hypertrophy of the heart from long continued over-action and strain of that organ, with subsequent fibroid changes in its walls and valves; permanent dilatation of the pulmonary air vesicles with loss of elasticity of lung fibre and hypertrophy of the inspiratory muscles and ossification of the costal cartilages, as a result of long continued expiratory pressure in the use of the blow pipe, etc. I endeavor to emphasize these two truths, because fatty degeneration of the heart is in nearly every instance the direct result of one of these causes: overstrain, or lack of sufficient blood supply.

Before proceeding to the consideration of our subject it will be well to impress upon the mind of the reader the differentiation between the condition known as fatty deposit or infiltration, and fatty degeneration or metamorphosis. The former is comparatively a harmless condition and results from an abnormal deposit of fat in the connective tissue cells of organs, the fat being derived from the various fat-forming foods, and it is generally a complication of obesity. The latter, when involving vital organs is an alarming and often fatal pathological condition, in which there is actual destruction—death—of the tissues, their place being taken by fat globules, the fat being derived, not from the food consumed, but from cell metamorphosis, and this condition is often found in thin subjects. In the former, the original elements of the tissue are intact, but surrounded by fat, and perhaps hampered in their physiological action by its presence. In the latter, the cellular elements of the tissues are destroyed.

Fatty liver, the result of infiltration with fat, and fatty degeneration of the liver, the result of disease process, are two distinct conditions. In the former, the liver is enlarged by the infiltration, and its function, perhaps, interfered with. In the latter, there is actual degeneration of the liver cells, with total destruction of function in the part involved. So in cases of fatty deposit on, and fatty infiltration of, the walls of the heart, so common in obesity, the muscular elements remain intact, but are hampered by being obliged with every systole to lift the weight of fat deposited upon them; while in fatty degeneration of the heart the muscular fibers of the portion involved are destroyed, their place being taken by fat globules, the result of cell metamorphosis.



In a magazine article it will be impossible to dwell at length on the etiology, pathology, prognosis, treatment and the causes of death, of a disease like fatty degeneration of the heart, which is generally preceded by grave pathological changes in other organs, and which is in itself the direct cause of pathological changes in every organ of the body. I shall therefore cite a few cases which have occurred in my own practice, afterwards commenting upon them and endeavoring to explain the causes of accompanying symptoms and pathological conditions in other organs. But first I will relate a case, now under observation, of fatty deposit on, and infiltration of the heart, interesting because it had been diagnosed fatty degeneration of the heart, which diagnosis was the cause of the patient's visit to my office.

Mr. J. H., age 45, height 5 feet 4 inches, weight 190 pounds, a professional man of sedentary habits, always blessed with good digestion and a hearty appetite, which he had never attempted to curb, and which had been stimulated with a too liberal use of the milder forms of alcoholic beverages. Of late he has become short of breath on exertion, and for this, his only symptom of ill-health, he consulted a physician, who pronounced his condition, as aboved stated, to be fatty degeneration of the heart. There was no degeneration of the upper border of the cornea, and physical examination demonstrated positive absence of organic disease of any of the viscera aside from slight cardiac hypertrophy—the apex of the heart being a little below and to the left of the normal position. The heart sounds, although obscured by the immense accumulation of fat on the thoracic walls, were pure and distinct. The pulse at the wrist strong and the arteries well filled, the walls showing evidences of hypertension. The arterial sounds in the neck perfectly normal and the urine normal in quantity, of proper specific gravity and free from albumen. The case is one of obesity, with abnormal deposit on the heart and probably along the borders of the lungs, and it is the lifting of this accumulation of fat with every systole, together with the extra effort necessary to overcome the resistance of the tense arterial walls, which has produced the compensating hypertrophy of the heart. He has been under advice one month, the treatment consisting of entire change of diet, the exclusion of alcoholic stimulants of every kind, exercise, at first moderate, but now increased to that suited for a man of ordinary weight. He has lost several pounds of flesh and is now able to ascend stairs with much less shortness of breath, and on his anti-fat diet, with a continuance of the exercise, I hope soon to effect a perfect cure of his *one* alarming symptom, which arises not alone from the hampered

condition of the heart, but from fatty deposit on the borders of the lungs, and from the general deposit which is burdensome to the muscles, particularly to those concerned in inspiration, which naturally tire and eventually weaken from lifting eighteen to twenty times every minute the several pounds of fat deposited on and in the parietes of the thorax. Another factor partially concerned in the causing of this shortness of breath is probably a lithæmic condition resulting from overeating, drinking, and lack of exercise.

I would not have it understood that I do not realize the gravity of the fatty heart as a cause of serious functional, and finally organic, disturbances. Very fat men and women are not long lived, and frequently die of fatty degeneration of the heart, resulting not directly from the fatty deposit which has been carried so long, but from the changes which the sedentary habits of the obese generate in the arteries and capillaries of the body. Obesity, too, diminishes the natural resisting power which the healthy body possesses against disease influences. Let a fat man be stricken with pneumonia or typhoid fever, the chances of recovery are much less than in a man carrying the normal amount of adipose tissue.

By comparing the above case with those of fatty degeneration, which I shall now relate, the difference between the two becomes apparent.

CASE 1. The first case which I shall cite was a hospital patient.

Mr. A. T., age 50, occupation tailor, has taken but little exercise, and has been a free drinker of lager beer through life. His food has been largely farinaceous, his circumstances not permitting him to indulge in meat. Height 5 feet 8 inches. Weight 250 lbs. shortly before date of examination. Family history good. Complained on admission of great shortness of breath on exertion, swelling of the feet and legs, loss of appetite, constipation, sleepless nights, being unable to rest in the recumbent posture. Has had occasional attacks of vertigo, with loss of consciousness and falling, (pseudo apoplexy).

PHYSICAL EXAMINATION.—Evidences of general anasarca, and of a dropsical condition of the peritoneal, pleural and pericardial cavities; and crepitant and subcrepitant rales at the base of the lungs demonstrated the existence of œdema of these organs. The vital capacity of the lungs was but 50 cubic inches, while that of health in a man of his stature should be 229. There was a well marked arcus senilis, the degeneration of the cornea being not of the calcareous form so common in apparently hale old men and women, but of the yellowish fatty form, which latter is a common accompaniment of



fatty degeneration of the heart. The pulse was rapid, irregular, compressible and scarcely perceptible, the heart sounds feeble, the valvular element of the first sound predominating, making the first sound to resemble the second, but no murmur was heard at any of the orifices. The patient grew weaker, the dyspnœa and dropsy increased, the urine became highly albuminous, and one day while straining at stool he fell forward and died. Previous to death he suffered from the condition known as Cheyne-Stokes's respiration, which consists in the occurrence of a series of inspirations increasing to a maximum, and then declining in force and length, until the breathing ceases and the patient is apparently dead, when there is a feeble inspiration followed by a more forcible one, which marks the commencement of a new series of ascending and descending inspirations.

At the autopsy the lungs were found to be œdematous, the heart walls thickened, and the cavities all distended with blood. Atheromatous patches were found at the root of the aorta, the process extending to and involving the coronary arteries, the orifices of which were narrowed; the aortic valve cusps were thickened from a development of fibrous tissue. The same state of chronic valvulitis involved the mitral valve, but in neither valve was the deformity so great as to impair its function. There was a deposit of fat beneath the pericardium at the base of the right ventricle, and the walls of the heart were pale and flabby, the finger being readily thrust through the thickened walls of the left ventricle. The microscope showed those walls to be in a state of extensive fatty degeneration with infiltration of fat between the muscular fibers.

The liver was enlarged, fatty, and presented the peculiar mottled appearance on section which characterizes the condition known as "nutmeg liver."

The kidneys were found to have undergone fibroid changes, but did not appear to be contracted; on the contrary, owing to intense venous engorgement, they were both larger than normal.

The walls of the stomach and intestinal canal were swollen and hyperæmic.

CASE II.—Mr. A. L., age 56, an Englishman, formerly a member of the British Parliament, was sent to me by Dr. Robinson, of Staten Island, N. Y., for examination.

Patient was 4 feet 5 inches in height, and weighed 190 pounds. Had always been a free liver. Complained at his visit of great dyspnœa on exertion; could not walk across the room without getting out of

breath. Great nervousness in walking, fear of falling into any opening he may be passing so that he gives it as wide a berth as possible, though he feels that his action is absurd. Easily annoyed at trifles. Exceedingly irritable. Bowels regular, appetite moderately good, complains of "bloating of the stomach and bowels with gas"—"is full of wind." His main troubles are the shortness of breath and the nervous fear and unnatural irritability.

PHYSICAL EXAMINATION showed a well-marked fatty arcus senilis, tortuous temporal arteries, and small dilated blood-vessels on the cheeks, nose and ears. The feet were slightly cedematous. The heart hypertrophied, and the sounds indistinct; the muscular element of the first sound being entirely lacking. There were no cardiac murmurs. The lungs were cedematous at the base, and the urine slightly albuminous. Pulse feeble and irregular. A diagnosis of fatty degeneration of the heart resulting from artero-capillary fibrosis brought about by lithæmia was given. A rational diet with rest was ordered, and Phosphorus prescribed. Under treatment the patient improved, but one day after visiting me, he met on the Staten Island ferry-boat an old school physician, who, ignorant of the patient's real condition, advised exercise; telling him he was too fat; he must walk it off. So impressed was our patient with this advice, that on reaching the landing he dismissed his carriage and walked to his home, a distance of half a mile. On reaching his house he ascended the stairs when he fell unconscious to the floor. In response to a telegram, I visited him and found him in a state of coma, with one side of the body paralyzed. From this condition he did not rally, and died the next day. Although his heart was weak and fatty, there was enough strength left during extra impulse to rupture an atheromatous vessel in the brain. An autopsy was not permitted.

CASE III.—Mr. D. R., age 57, consulted me five years ago for some trifling gastric disturbance from which he readily recovered. At his first visit I was struck with the remarkably tortuous and prominent condition of the temporal arteries. I learned the history of his life and made a careful physical examination. The fact of my having an opportunity of watching this patient since the date of my first examination, and noting changes which I knew would be inevitable, renders the case one of great interest to me.

The following is from my record of his examination made five years ago: Family history good. As a child the patient enjoyed good health, and aside from the ordinary diseases of childhood had



no sickness until he was 33 years of age, when he suffered from a bilious attack which lasted for five months. During this time he was jaundiced, his urine was dark and his stools clay colored; had occasional attacks of "biliousness" during the six years subsequent to this illness; had measles at forty, and since then has had no serious liver disturbances, and remained in what he considered a superlative degree of health till he consulted me at the age of 57. Had always been possessed of remarkable mental and physical vitality. When others rode, he walked. When others tired from the mental work of the day, he worked far into the night. Commenced the study of law at 20, and at the age of 23 was admitted to the bar. During his student days he wrote a law book which was published. This is mentioned to show that even at that early age he was an indomitable brain worker. This he has kept up to the present time and is now one of the leading lawyers of New York City.

Habits of life: Says he has always been temperate. "Never was intoxicated in his life," although for some years during his early life he was in the habit of drinking a bottle of ale at his dinner; occasionally this was varied with claret or champagne; rarely took brandy or whiskey. Of late years has been very moderate in the use of wines, etc. It has been his custom since he became a man to smoke two or three cigars a day. Has always eaten meat twice a day. Of late years the quantity of urine has been large, the patient always rising once or twice during the night to urinate.

PHYSICAL EXAMINATION: Height, 5 feet, 8 inches; vital capacity, 220 cubic inches (nearly normal); weight, 135 pounds.

Conformation of thorax perfect, cardiac impulse perceptible on inspection. Temporal arteries remarkably prominent, tortuous and full, and after exertion can be seen to pulsate. Dilated and atheromatous vessels visible on the cheeks, lobes of the ears and nose.

Lungs, liver and spleen normal.

To me the interest of the case naturally concentrated on the result of my examination of the heart. The left ventricle was hypertrophied, the apex being found in the sixth intercostal space in the nipple line, with a normal area of lateral cardiac dullness. The impulse was heaving and very pronounced. The sounds pure but much intensified.

The pulse at the wrist was full, strong, the artery tense and resisting; and could be rolled beneath the finger without compressing it in the least.

Urine large in quantity, pale, specific gravity 1010, free from albumen and other abnormal ingredients.

The physical signs of the heart and blood-vessels demonstrated conclusively the existence of left-sided hypertrophy, with fibroid and atheromatous changes in the walls of the arteries and capillaries throughout the body; for the changes in the temporal and radial arteries and in the small superficial vessels in the cheeks, ears and nose, were positive evidence of similar changes in other portions of the body hidden from inspection.

It is evident with thickened walls of the left heart and weakened blood-vessels, that the danger at this time was apoplexy from the rupture of a cerebral vessel. In this case, the danger was peculiarly great, for the patient's delight in summer was in climbing mountains and in other hazardous feats of strength.

He was cautioned to avoid extra and sudden exertion, and advised to keep his passions under control, and to abstain religiously from alcoholic beverages and to moderate his diet, particularly in regard to meat.

Five years have now passed, during which time the patient has enjoyed good health, scarcely missing a day from business. But for the last year he has noticed a diminution of strength and failing appetite, with occasional attacks of gastro-intestinal catarrh and vertigo with *muscæ volitantes*. The quantity of urine is but about one-half of that of five years ago. Recently I made another careful physical examination. The temporal arteries, still tortuous, are no longer full; in fact, at times they are scarcely perceptible on inspection. The pulse at the wrist is no longer strong and incompressible, and the artery is not well filled with blood. The heart shows the same physical signs as regards size, but the impulse is feeble and the sounds have lost their booming character. The first is lacking in the muscular element, and the second sounds are flapping in character. The vital capacity of the lungs has fallen from 220—which it was five years ago—to 175 cubic inches. The number of atheromatous vessels on the cheeks, ears and nose has increased and they are more prominent. There is no degeneration of the upper border of the cornea, and possibly may never be, for not all cases of fatty degeneration of the heart have this *arcus senilis*.

From the change in his condition as regards vitality and strength, and from the changes (deteriorating changes) in the condition of the circulation, and from the diminished secretion of urine, I am satisfied that degenerative changes are taking place in the walls of the heart.

The danger is not now of apoplexy from the rupture of a cerebral vessel, although such an accident is possible, as occurred in Case II, but lies in sudden stoppage of the heart from over distension,



either as the effect of chilling of the surface of the body,<sup>1</sup> or from sudden emotion or over-physical exertion or strain.

It remains now to return to our aphorisms and demonstrate the relationship existing between them and the etiology of fatty degeneration of the heart.

Each of the three cases of fatty degeneration of the heart, narrated above, has been characterized by cardiac hypertrophy, tortuous temporal arteries and dilated superficial blood-vessels and capillaries; in other words, general artero-capillary fibrosis with compensating enlargement of the left ventricle of the heart; general, for as has been before stated, if the vessels enumerated have undergone fibroid or atheromatous changes it is conclusive evidence that similar changes have taken place in other portions of the body; in fact in all parts; greater, perhaps, in some than in others, the vessels of the heart, however, rarely escaping. A tortuous or atheromatous blood-vessel is a damaged blood-vessel. Its carrying power is lessened. If this condition exists in the coronary arteries and their branches, the heart walls are not properly supplied with nutriment. If the fibrosis is general a greater amount of pumping force is required on the part of the heart to propel the blood, and, to compensate, new muscular fibers are formed, and the heart becomes larger and stronger; and for a series of years compensation will be apparently perfect. But if its own vessels are atheromatous, and it is obliged to overcome by extra labor obstructions in the systemic vessels—in other words, if the heart is poorly fed and at the same time overtaxed—eventually it weakens, and finally dies; the death process commencing, perhaps, by the gradual transformation of the protoplasm of a single cell into fat; the process extending till large areas of the heart-walls have become degenerated.

What is the cause of this fibroid or atheromatous change in the walls of the blood-vessels and capillaries? Atheroma is a term applied to the various alterations in the walls of vessels, resulting from chronic inflammation. The process is slow in its development and is not recognizable in its earliest stages. As concerns the etiology, it is now established that there are two factors which give rise to the inflammation: overstrain of the vessel and the presence in excess of lithic acid in the blood. In the former case, where it arises from overstrain alone, the process may be a local one; and it is generally found in the ascending and transverse portions of the arch of the

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<sup>1</sup> During a very cold spell of weather lasting about forty-eight hours in the winter of 1884, four patients suffering from fatty degeneration of the heart, who had been under my personal observation, died from this cause.

aorta, frequently resulting in aortic aneurism. If arising from the latter cause—lithæmia—the process is a general one. The two factors, however, are usually combined in the etiology of artero-capillary fibrosis.

The cause of overstrain of the vessels is increased heart's action. This may arise from violent and prolonged muscular exertion, from alcoholic and other stimulants, and from over-eating. The cause of the excess of lithic acid in the blood is a functional disturbance of the liver, which interferes with proper oxidation of waste nitrogenous material in the blood, instead of the soluble substance known as urea, which is readily eliminated, being formed, uric or lithic acid is generated. This is comparatively insoluble, and is largely retained. The causes of this functional disturbance of the liver are the habitual use of the various forms of alcoholic beverages, excess in eating, particularly of meat, and sedentary habits. Hereditary influences, it is claimed, are frequently a powerful factor. I think hereditary habits of life a more potent factor in the etiology. A leading symptom in all cases of cardiac degeneration is debility, with gastric disturbance, &c. This is readily accounted for. If the action of the heart is feeble, the various organs of the body are poorly nourished, and in a state of venous engorgement, consequently their functions are impaired. Another prominent symptom is shortness of breath on exertion, and in the later stages of the disease, dyspnœa at all times. This arises from pulmonary engorgement, which diminishes the capacity of the air cells, combined with weakness of the inspiratory muscles. The overloading of the venous radicles and the diminished power of the absorbents, together with a deteriorated condition of the walls of the vessels, accounts for the dropsy, which usually commences in the feet, although in some cases, the œdema commences at the base of the lungs. Frequently the walls of the right ventricle are in a fair condition of health, while an extensive degenerative process exists in the walls of the left. Under such circumstances the pulmonary engorgement will be intense; the right heart being powerful enough to distend the pulmonary arteries, capillaries and veins, while the left is too feeble to send the blood onward into the aorta. It is in such cases that the œdema is first found in the lungs.

The albuminuria, which is always a symptom of advanced cases, arises from renal engorgement. I shall be touching on delicate and debatable ground, if I attempt to state in accordance with my own views, how renal engorgement can produce albuminuria. Kuss ad-



vances the theory that albumen escapes from the blood with the urine, which percolates the walls of the glomeruli, and that the tubular epithelia are instrumental in returning it to the blood in the venous plexus. If this be true, it can readily be seen that with damaged tubular epithelia and a condition approaching to blood stasis in the venous plexus, the albumen cannot be absorbed, and consequently passes onward with the urine.

The autopsy in Case II. demonstrated the existence of changes in the liver. In advanced cases this "nutmeg liver" is a constant condition, and arises from long continued hepatic engorgement, the result of weakened propelling power on the part of the heart. The right ventricle cannot empty itself; the right auricle, the ascending vena cava and all of the vessels, whose contents finally empty into them, are distended. This will account for the liver changes, the succulent condition of the mucous membrane lining the stomach and intestinal canal, the peritoneal dropsy, and the renal engorgement. The various nervous symptoms are accounted for in the same way. The descending vena cava with all of the vessels which ultimately empty their blood into it are distended, and of course brain hyperæmia will result with its numerous and varied symptoms.

Aside from the causes of fatty degeneration of the heart, which have been already given, may be mentioned valvular disease, particularly aortic insufficiency. In this latter condition the heart is not properly nourished and is at the same time terribly over-taxed.

On the closure of the aortic valve, the blood in the aorta recoils and eddies in the sinuses of Valsalva and is forced into the open mouths of the coronary arteries, the heart being fed while its walls are relaxed. If the valve is insufficient the blood, or a portion of it, rushes back into the ventricle and the coronary arteries are not well filled, consequently the heart suffers from want of proper blood supply and finally degenerates, although a common cause of death in aortic insufficiency is cerebral hæmorrhage from the rupture of an atheromatous vessel.

It should be mentioned here, that in cases of fatty degeneration of the heart the cardiac changes are often but a part of a general process, the degenerative changes being found in many, sometimes in all, of the organs and tissues of the body.

There is a form of fatty degeneration of the heart and of the other organs and tissues, which accompanies typhoid fever and other prolonged febrile conditions; eventually, however, the fat is absorbed and new and healthy cells take the place of those destroyed.

So fatty metamorphosis of tissue is an accompaniment of pulmonary phthisis and other wasting diseases.

It is well known that the changes in artero-capillary fibrosis extend to and involve the blood-vessels of the kidneys, and that as a result there is hyperplasia of fibroid tissue cells with subsequent contraction and impairment of the functions of the kidney [chronic interstitial nephritis—chronic Bright's disease]. It will be seen that this condition is therefore a constant accompaniment of fatty degeneration of the heart arising from fibroid changes in the walls of the arteries.

PROGNOSIS AND TREATMENT.—In all cases of fatty degeneration of the heart, resulting from the changes described above, the prognosis is bad. If detected in the earlier stages, by a proper course of life the progress of the disease may sometimes be arrested and the life of the patient lengthened, but in the majority of cases the progress is steadily downward, the patient finally dying by the slow drowning process characteristic of general dropsy, or the heart may suddenly stop during an extra and unusual effort, such as rising suddenly from the recumbent posture, straining at stool, during a violent paroxysm of coughing or vomiting, while running to catch a train, or during a fit of passion. Under such circumstances the heart stops during diastole, with its cavities filled with blood, being unable to contract, the over-distention of the cavities probably paralyzing its weakened walls. In some cases, as in Case II, the weak heart is powerful enough to rupture an atheromatous vessel in the brain and the patient dies of apoplexy.

A tortuous temporal artery is always a suspicious physical sign, especially if accompanied by atheromatous changes in the walls of superficial vessels on the face and should prompt the physician to make a thorough physical examination and to inquire into the habits of the patient; all abuses should be corrected and the life, so far as physical and mental exertion is concerned, modified. Plenty of time, at least eight hours out of the twenty-four, should be spent in bed, and the patient should have recreation and rest during the day.

If there are evidences of a weak heart he should be cautioned against sudden or violent effort, against any kind of fatiguing exercise; his diet should be nutritious and not over-taxing to either the stomach or liver. Symptoms, as they present themselves, should of course be treated with the properly selected homœopathic remedy, bearing in mind the fact that Phosphorus and Arsenicum are our main and most reliable drugs in the treatment of the disease.



## BOROGLYCERIDE IN THE TREATMENT OF OTITIS MEDIA PURULENTA.

BY E. H. LINNELL, M. D., NORWICH, CONN.

My attention was first drawn to boroglyceride in the treatment of suppurative middle-ear diseases by an article by Dr. Richard C. Brandeis, of New York, published in Knapp's *Archives* in March, 1884. In common with this writer, I had used boracic acid with much satisfaction, but had sometimes been annoyed by the fact of its becoming caked in the meatus and tympanum, requiring prolonged syringing for its removal. This proceeding I found objectionable, interfering to some extent with the process of healing, while the hardened mass was an element of danger if not removed, increasing the liability to mastoid and septic complications. Dr. Brandies recommended boroglyceride as a substitute for the boracic acid powder, claiming that it was equally efficient in arresting the discharge, more efficient as a disinfecting agent and free from the above-mentioned disadvantages of the latter remedy. I therefore determined to give it a trial in my practice. I have seen almost no mention of it, other than the article above referred to, and the following cases are submitted as a contribution to our knowledge of this drug, with the hope that more extended use will lead to more accurate discrimination of the class of cases in which it is applicable. I regret that many of my cases are rendered much less valuable by the fact that internal remedies were employed in connection with the local treatment and thus it is only by comparison with cases treated with other local measures and under the same limitations that we can estimate the comparative merits of boroglyceride.

I. CASE 1st. was that of a delicate boy about twelve years old who had had disease of the left ear since infancy, a sequel of scarlet-fever. The left membrane was almost entirely destroyed and the tympanic cavity was nearly filled with granulations springing from the vicinity of the malleo-incudal articulation. The child was nervous and sensitive and the parents were unwilling to have the granulations removed by surgical means as was repeatedly advised. He had been under treatment two or three years and almost all the materia medica had been exhausted and a variety of mild local remedies had been used. By these means the disease was kept in check, sometimes getting better and as often relapsing, until both parents and doctor were well-nigh discouraged. Boroglyceride was more satisfactory in its effects than any previously used remedy. A 50 per cent. solution in glycerine was used, sometimes alone, sometimes diluted one-half with alcohol. Under this treatment the improvement was more permanent

and steady, with fewer relapses than formerly. It would be tedious to give a detailed report of the case. Suffice it to say that for fifteen months the local treatment consisted in the use of boroglyceride alone, or diluted one-half with alcohol 87 per cent., a saturated solution of boracic-acid, or alcohol alone. Satisfactory results were always derived from the boroglyceride, but after continuous use for a number of weeks the improvement seemed to cease, when a change to one or the other of the preparations mentioned seemed useful. The patient was finally discharged with the tympanum entirely closed by cicatricial tissue and with a fair amount of hearing.

II. CASE 2d. W. B. Avery, æt 12. Discharge from left ear intermittently for 10 years. Now it occurs whenever he takes cold, and is often associated with pain. The bottom of the meatus was filled with cheesy pus, and after removing it the remains of the mt. and tympanic mucous membrane appeared as a red, swollen, succulent mass, the details of which could not be accurately ascertained. No medicine was prescribed, but boroglyceride and alcohol half and half was given, to be dropped into the ear twice daily. In one week he again consulted me when the swelling and inflammation had subsided in a marked degree, so that a small posterior perforation and a rather larger one anteriorly were discovered. Same treatment was continued and patient was not seen again.

III. CASE 3d. Johnny Freeman, 3 years old. *Otitis med. sup. chronica ex scarlatina*. Membrane destroyed and ossicles wanting in both ears. Mucous membrane of tympanum red and succulent, not distinctly granular. Boroglyceride moderated discharge for five days, then it increased. Boracic acid powder with resorcin, one part to 24 of the acid was insufflated with good effect. After a few applications, however, the powder caked, requiring syringing to remove it. I then returned to boroglyceride with apparent aggravation. There was increased discharge, with more swelling, and redness of tissues. The patient, from this date, was only brought to me once a week. Boracic acid and oxide of zinc, equal parts, was applied at the office once, and boracic acid alone once, and boroglyceride was furnished the mother with instructions to begin using it as soon as any discharge appeared, dropping it into the ears three times daily. There was improvement under this treatment for two weeks. Then 1 part of alcohol to 3 of the glyceride was used with marked effect for two weeks, when the case again came to a standstill. The boroglyceride was again used alone, packing the meatus as before with boracic acid at the weekly visits, and the case remained in *statu quo*. I then



packed the meatus with equal parts boracic acid and oxide of zinc. At the next visit the report was that there had been no discharge, and the drops had not been used. Same powder renewed. No discharge for two weeks, when I removed one or two drops with a cotton-covered probe. I then applied a cotton pellet in each ear moistened slightly with boroglyceride. Two and a half weeks later, the right tympanum contained one drop of pus, and it was packed with boracic acid and zinc oxide. The left tympanum was dry, and the cotton pellet was renewed. At the next visit the patient was not as well. There was more discharge from each ear; the mucous membrane was red and swollen. I then instructed the mother to use alum, 10 grs. to 1 oz., night and morning. Three weeks later the discharge continued. I then prescribed a saturated solution of boracic acid in alcohol and water, equal parts. At the next visit there was some improvement noticed, and the treatment was changed to boroglyceride and alcohol without further gain. A solution of boracic acid in alcohol and water was then again prescribed with permanent arrest of secretion. A year has now elapsed, and the mother of the child says the ear has been well during that time, with the exception of a slight temporary discharge when he takes cold, which is quickly arrested by a few instillations of the drops.

In this case the effect of the boroglyceride was uncertain and varied. At first there was improvement, then aggravation, then again some improvement, and finally no special effect one way or the other.

IV. CASE 4th. Evan Jones, aged 4. Had scarlatina when nine months old and has had discharge from right ear off and on ever since. For last two weeks pain and discharge from left. Discharge thin, very offensive and ichorous, making skin of meatus sore, and covered with thin red scabs. Half of mt. on right side gone. Left canal swollen so as to prevent view of mt. *Rx.* Tellurium 30, four times daily, and 50 per cent. solution of boroglyceride *ter in die*. Three days later much less discharge from right ear, bland and not offensive. Perforation considerably smaller, no discharge from left and no perforation. The perforation of the right mt. healed entirely in less than two weeks. The indications for tellurium in the case were marked and decisive, but I think the boroglyceride was beneficial in rendering the discharge inoffensive and unirritating, and perhaps it also contributed to the repair of the drum membrane.

V. CASE 5th. John Lane, aged 38. *Otitis media sup. subacuta*, with implication of mastoid. Is intemperate, and has had syphilis.

Has had a discharge from right ear for three months, with pain in mastoid for two or three weeks. Pain is constant, worse at night. When I saw him there was slight fever, an anxious suffering expression and much debility. The mt. was somewhat injected, with perforation in lower anterior quadrant, and there was a moderate discharge of healthy-looking pus. The mastoid was hot, somewhat sensitive but not swollen. R. Boroglyceride 50 per cent., *ter in die*, Kali hyd. 1x, 2 hours. Four days later he looked like a new man; said pain ceased in half an hour after he left my office and had not returned with the exception of an occasional transitory twinge. There was no tenderness or heat of mastoid and much less discharge. The edges of the perforation were swollen and mucous membrane of tympanum seen through the perforation appeared healthy. In this case it may well be questioned whether the potash or the boroglyceride was the more important factor in bringing about the rapid improvement, and fortunately the question is easy of solution. I administered one dose of medicine and instilled the boroglyceride in my office and the patient took *no more medicine*, as he lost the powders I gave him on the way home, but he was faithful in following out the local treatment. He was not seen again after the second examination.

VI. CASE 6th. Bessie Smith, 9 years old. Has had otorrhea for a year. There is now a bland discharge from the right ear. She has no pain, but the ear is sensitive to examination. There is a moderate sized perforation in lower posterior portion of the drum membrane, and the remainder of the membrane is in good condition with the exception of a calcareous deposit in the anterior quadrant. Used boroglyceride once daily. The patient was not seen again for a month, when she reported that there had been no discharge since beginning the treatment. The perforation remained about as before.

VII. CASE 7th. Th. Beardow. *Otitis media sup. chronica*. Both ears have been diseased 10 years. Anterior third of right mt. gone. Left mt. wanting except Schrapnell's membrane, and tympanum filled with soft, spongy mucous membrane. Scanty muco-purulent offensive discharge. R. Boroglyceride 50 per cent. solution. In one week no discharge left side, less from right ear. Next week only a drop of pus in right ear, none in left and less swelling of tympanic tissues. A dry cotton pellet applied to right mt.; boroglyceride continued in left ear. The next week there was again slight discharge from left ear, none from right. Cotton pellet dry and *in situ*. Boroglyceride and alcohol in left ear. One week later discharge ceased.



Tympanic mucous membrane much shrunken, showing a slight rim of membrane remaining in lower posterior angle. Continued treatment. From this date there was no more suppuration, and in four months he was discharged with right membrana tympani completely reformed, and with only a small perforation, not larger than the head of a pin, in the left, and with hearing not appreciably impaired. The only remedies used in this case were sil. and merc.

VIII. CASE 8th. Mollie Bradford, 7 years old. Chronic *otitis media sinistra*. Membrane destroyed except a small remnant in the upper portion. Profuse, thick, white, excoriating and very offensive discharge. Tympanum filled with granulations. R. Boroglyceride and alcohol, half and half. At first it seemed to be somewhat helpful but its use was soon abandoned as unsatisfactory.

IX. CASE 9th. Ned Haskell, 3 years old. OTORRHOEA two weeks after scarlatina. Anterior half of left mt. destroyed. Mucous membrane of tympanum not much inflamed. Considerable thick, yellow, offensive but bland discharge. After thorough cleansing with cotton, I instilled 5 gtt. boroglyceride, and ordered the same to be used *ter in die*. As he was still under the care of the family physician, no internal remedy was prescribed. In two days the discharge was arrested and the perforation was two-thirds closed, but four days later the discharge returned and the perforation regained its original size. Now merc. sol. was administered and the local treatment was continued, and under this régime there was a steady improvement, though not so rapid as at first. In ten days there was only very slight discharge, and the perforation was healed with the exception of a narrow anterior fissure and a minute, round perforation in the lower part. From this time boracic acid powder was blown into the meatus, and later, a cotton pellet moistened with boroglyceride applied, and in little less than a month he was discharged with mt. intact.

I was summoned to see the same patient again two weeks later. He had taken a severe cold and had again acute suppurative inflammation of the same ear. He had a high fever, with red cheeks and drowsiness. There was profuse yellow and brownish discharge. The anterior half of the drum membrane had again sloughed and the remainder was red and swollen. In connection with the appropriate internal medication, boracic acid and calendula were applied locally. Improvement was rapid and in three weeks he was again discharged, this time with a pin-point perforation, but no discharge.

Six months later he had another acute aggravation and boroglyceride was again used. There was a small perforation at the anterior

edge of the mt. and the old perforation at the lower part was rather larger, with inflammation and swelling of the remainder of the membrane. One week later the inflammation was less, but nearly the whole of the membrane had sloughed and the tympanic mucous membrane was swollen and succulent. A weak solution of acetate of lead, and later, boracic acid and calendula was used, and for the third time the patient was discharged after about one month's treatment, with a minute perforation as after the second attack.

In this case there was at first marked and prompt improvement from boroglyceride, but the second time it was used it seemed to produce an aggravation. In the first instance the discharge had lasted two weeks. It was thick, yellow and bland, and the mucous membrane of the tympanum and the remainder of the drum were not much inflamed. In the second instance, where the boroglyceride was used with apparent aggravation, there had been occasional slight discharge for some little time before I saw him, but no pain. The character of the discharge was different, being dark instead of yellow, and the mt. was decidedly inflamed.

My success in these few cases was so variable and uncertain, being on the whole, not more satisfactory than with the powdered acid, that I gave up using it except on rare occasions. I am satisfied, however, that it is a valuable remedy and deserving of more extended investigation, and it is with the hope of awakening an interest in the subject and of developing more accurate indications for its use, that this communication is presented. In Cases 2 and 5 the effect of the drug was prompt and undeniable, no internal treatment being used. In Cases 3 and 9 it seemed to aggravate, though the aggravations may have been simply a sequence and not an effect of its use. As far as I am able to judge of its sphere of usefulness from my very limited experience, I should say that it is most useful in just the class of cases where boracic acid powder is indicated, viz. : in sub-acute and chronic cases with more or less discharge, without much inflammation, and without granulations. In these cases it is very valuable for home treatment, or when the powder cures, or where, under its continued use, improvement ceases. It is quite likely to be irritating, although I have never known it to cause pain in cases where there is much inflammation or sensitiveness. In cases of polypi, and exuberant granulations, I expected it would be valuable in combination with alcohol, from the hygroscopic qualities of glycerine, but in this class of cases it has disappointed me and I have found it inferior to a super-saturated solution of boracic acid in alcohol.



## THE CLIMATE OF BANNING, CALIFORNIA, IN PHTHISIS.

BY JOHN C. KING, M. D., BANNING, CAL.

In a late number of the *Hahnemannian* I noticed among the Institute proceedings, a record of a debate on health resorts for phthisical patients. Prof. C. D. Crank, of Cincinnati, argued that more harm than good resulted to such patients from removal to California.<sup>1</sup> Dr. Crank's argument was based, he claimed, on personal observation. It cannot be denied that many cases are injured by the accidents of travel and residence away from home, regardless of climate. Such injuries, however, can mostly be avoided by the exercise of care and judgment. Nor can the fact be disputed that many parts of southern California are as illy adapted to consumptives as their former homes; and that in these parts are many of the places so widely advertised by hotel proprietors and real estate sharks. Still, I am convinced there is no better locality on this continent for consumptives than where I now live, and as much can be truthfully said of many other points in this State. It is estimated that five thousand people visit Los Angeles alone, each year, in search of health, and the number is constantly increasing. In view of this fact I need offer no apology for stating what I know of the advantages afforded by a residence in this climate to patients suffering from pulmonary affections. I will first refer to my PERSONAL EXPERIENCE. During October, 1883, occurred my first pulmonary hæmorrhage. For two years prior I had suffered, from time to time, from various forms of malarial poisoning. The exposure and irregular living incident to a reasonably large practice prevented remedies from having a permanent effect. I gradually lost flesh and strength and acquired symptoms that would have attracted immediate attention if exhibited by a patient. However, until the appearance of hæmoptysis, I paid little attention to myself. After that event I visited Chicago, was examined by Dr. H. A. Johnson and Profs. J. S. Mitchell and E. F. Ingals. The diagnosis was, miliary tubercular deposit in both lungs, most extensive in right apex. The prognosis was fatal; one of the gentlemen pleasantly assuring me that the termination would occur in from three to six months. Dr. Johnson ventured the hope that a change of climate might *possibly* prolong life. Life is sweet—especially when needed by one's wife and children. In a month I was on my way to the part of California recommended by Dr. Johnson. During that month of delay I failed rapidly, although kindly cared for by my successor, Dr. Ralph Worden. I had two more hæmor-

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<sup>1</sup> I have since learned that Dr. Crank was not correctly reported.

rhages; cough, with expectoration; profuse night sweats; great weakness; complete loss of appetite; alternate constipation and diarrhœa; temperature range of  $100^{\circ}$  to (twice)  $104\frac{1}{2}^{\circ}$ ; height five feet ten and one-half inches; weight, with winter clothing, one hundred and eighteen pounds. The stimulus of change and travel caused immediate improvement, but reaction shortly took place and I laid in St. Louis a week. From St. Louis, accompanied by a friend, who attended me for six months, I went to Deming, N. M., Tucson and Yuma, A. T., to Los Angeles, &c. After investigating the merits, as health resorts, of many points in New Mexico, Arizona and Southern California, I selected Banning, where I still reside, as most suitable to my case. Improvement began early, but continued slowly. Hæmorrhages occurred at lengthening intervals for a year. Fever was a most obstinate symptom. At present, after three years, I consider myself practically well. An examination of my lungs, recently made by Dr. Grey, of New York, proved negative. In a future paper I hope to present the histories of a NUMBER OF CASES, in which results have been more striking than in my own, inasmuch as in some of them cavities had formed and heredity was very pronounced. Owing to the length of this present article, I will merely state that during my three years' residence here I have had a large number of these cases under my care, and that results have been remarkably good. Many have permanently recovered (until I shall have placed these cases on record, I will be glad to furnish names and addresses to those physicians who wish to make closer investigation before sending patients to this climate), many others have improved and continue to do so. A few have died and some have failed to improve. Still, deducting those cases, which ought never to have been sent here or elsewhere away from home, good results have been quite uniform.

MEDICAL AUTHORITIES agree upon certain general conditions necessary to the climatic treatment of consumption. Dr. J. Hilgard Tyndall holds that both practical results and scientific reasoning are fast pointing to the choice of, *first*, the greatest dryness obtainable, mostly found at, *second*, medium or high altitudes. We look for these in a southerly latitude, in order to insure, *third*, equability in some degree (Hahn. M., 1884 p. 117). Dr. Williams (Quain Dict., p. 1182) considers the main point to be held in view is to give the consumptive a climate in which he can breathe freely, take abundant outdoor exercise and experience that amount of stimulating influence which, while it improves his appetite and powers of digestion, does



not irritate the mucous membrane of his lungs or increase his cough. Dr. Williams asserts that moist, temperate climates afford poorer results than dry ones. Dr. E. C. Sparks (Quain, p. 266, et. seq.) considers dry, mountain climates—1500 feet and upward—indicated in hereditary tendency to phthisis in young persons, in chronic phthisis and pneumonia, and also as a tonic and restorative to persons suffering from overwork and who have no organic disease. Bartholow (Practice, p. 387) states that as humidity is such an important factor in the etiology of phthisis, dryness and elevation are climatic conditions of the greatest utility. Prof. Austin Flint, in accordance with his custom of recommending impartially the most diverse lines of treatment, refers respectfully to all sorts of climates, but claims that, *as a rule*, the qualities which render a climate favorable are uniformity and dryness (Practice, p. 292). Dr. J. Hughes Bennett thinks that what is really required is a cool, temperate climate, free from great alterations of temperature. The air should be dry, or with only slight moisture, and a clear, bright sun. An exhilarating climate, in which exercise can be taken almost daily in the open air during the winter and spring months (Reynolds's Syst. Med., vol. 2, p. 137). It has been found that humidity of the atmosphere lessens evaporation from skin and lungs, that pulmonary evaporation is increased in proportion to atmospheric aridity (Parkes' Manual of Hygiene, vol. 2, p. 87). We therefore argue in favor of a dry climate. In the *Medical Record* of October 23 and November 13, 1880, are excellent editorials on this subject. The editor concludes there are four fundamental characters to be studied in connection with the therapeutic effect of any climate; its relative humidity, its temperature, equability and density. We may hope sometime to be able to adapt a particular climate to an individual case with precision. At present we must prescribe climate on general principles. I am safe, however, in concluding that the average case of phthisis (possibly excepting the fibroid variety) requires a dry, pure, warm, equable and moderately rare atmosphere.

LOCALITY.—Patients are sent to southern California as if they were being sent to some particular locality, some definite climate. Southern California is not a locality, it is as large as half a dozen eastern States added together, and contains all varieties of climate. Patients are sent to Los Angeles, and a physician who sends a case may not even know the latitude of Los Angeles, nor its altitude, nor how far from the sea it is, nor whether it suffers from malaria, is well or poorly drained, has pure or foul water, what are the usual variations

in temperature, what accommodations it can offer to his patients, etc., etc. What business has a doctor to send a patient to any place for health, unless he knows facts about it similar to those just enumerated? One great difficulty among patients is the restlessness, the desire to travel, to spend a week or a month in one place, and then to move on. A month is spent in Los Angeles, another month at some mountain resort. Which is the proper place for that particular patient? If one of the two places has benefitted him, the other will neutralize that benefit, provided he is at all susceptible to climatic influences. The patient's choice of a location is usually whimsical; it often depends upon an opera house, upon the gaiety or sociability of a place, in fact, upon the temptations offered to commit hygienic sins; or, at least, upon some other patient's opinion. From the east window of my office I can look upon the desert, thirty miles away; its temperature, even in winter, is enervating. From my north window I can see the grand peak of the San Bernardino range, twenty miles distant; all summer long the snow lies in the canyons near its summit. Imagine the variation in climate in that fifty miles. I have had patients visit the mountains one week and the desert the next, apparently unconscious that if one place meant life to them, the other, in all probability, meant death. And who shall decide whether desert or mountain best meets the patient's requirements? The physician, of course. Let him post himself regarding localities as he does about the drugs he uses, then positively specify to his patient where he must go—and stay.

**TREATMENT.**—Many writers profess unbelief in the value of treatment for phthisis. Personally I place great confidence in the judicious use of drugs; not only inter-current remedies, adapted to some incidental condition, but also in drugs intended to influence the deeper processes of nutrition, etc. Treatment, too, is not confined to the use of medicinal agents; hygiene and diet are all important and must be adapted to the individual case with scrupulous attention to minute detail. Again, adapting climate to patient, in accordance with changes occurring in his condition, is a form of treatment. In short, the local physician becomes a very important factor in the well-being of the health seeker. It is not fair to the patient to send him, sick and tired, into a community of strangers without a clue to a reliable physician. Patent medicine venders, advertising quacks, etc., abound everywhere. Even if some honest, conscientious doctor is called, he finds it difficult, perhaps, to secure the patient's confidence. The patient should always come to the coast relying on some one



physician, should have a letter of introduction to him, in which the history and previous treatment of the case is recorded. Furthermore, the physician should have been notified of the patient's condition and probable time of arrival, in order that suitable accommodations may be ready. I have seen a crowd of 300 eastern people arrive at Colton at 10 o'clock at night, of whom not more than twenty ever got a bed, hotels and private residences having previously been filled. I have seen the sick ones trying to get a little sleep on hotel chairs and steps (not even a cot could be had), while weary wives and mothers sat on the bare floor beside, to prop them up. Such exposure brings an unfavorable crisis to many an invalid, and is all unnecessary.

WHO SHALL COME?—Numbers of patients come here, as elsewhere, who ought never to have been permitted to leave home. If the case has so far progressed that the end is a question of a few weeks or months, home is the proper place. Even if a little time should be added to life, it would not compensate for the loss of the home comfort and love which go so far toward making death easy. Nor is it right to offer hope to a hopeless case; the disappointment and despondency which ensue, when the facts are discovered, are terrible. Never lie to a patient—not even to get rid of him. The very “poor and respectable” ought not to be sent from home. The worry and anxiety bestowed on every dollar spent, the constant perplexity about where the next dollar is to come from, counteract the good effects of climate and treatment. Timid people, unaccustomed to caring for themselves, unused to being separated from friends, ought not to be sent out alone. The impositions practiced upon them, their inability to get the best out of anything, the loneliness they suffer, all tend to retard favorable progress.

I now desire to call attention to the PARTICULAR LOCALITY in which I live. I consider its climate admirably adapted to the cure of phthisis. Please mark! I claim no monopoly of fine climate for this place. I wish to state distinctly that southern California contains dozens of excellent locations. At the same time, I insist that no one place is superior to this. I wish to give to the profession whatever facts are necessary to the formation of a rational opinion of its merits.

The village of Banning is in San Bernardino County, Cal. It is in the 33° of latitude, about parallel with the southern Punjab, in India, and with central Algeria, in Africa. It is south of, yet about isothermal with the noted health resorts on the Mediterranean. Ban-

ning is about 90 miles from the sea, near the summit of a mountain pass. This pass, the San Gorgonio, extends from Colton, 30 miles west to the desert, 20 miles east; it averages about three miles in width. On the north the pass is walled in by the San Bernardino Mountains, on the south by the San Jacinto Range. The snow-capped peaks of these mountains not only furnish the grandest scenery imaginable, but also form a protection against the high winds, especially the cold northers which, in this latitude, are a terror from the Gulf of Mexico to the Pacific. During the hot months we have the cool sea-breeze from the west, and in winter the warm desert air from the east, but never the cold northers. The grade up the pass averages 100 feet to the mile; this ascent, though scarcely noticed when walking, provides perfect drainage. The altitude of Banning is about 2500 feet; within a few miles are ranches located anywhere from 1000 to 8000 feet, the latter elevation, however, often tends toward pulmonary congestion and hæmorrhage. During a residence of three years I have never known the temperature to fall below 39° Fah. and that for a few hours only. There is not a day during the winter when the patient is obliged to remain in doors on account of temperature, nor is the summer heat unpleasant. Patients will be kept in during the very hot weeks from perhaps eleven A. M. to two P. M.; in these hours the thermometer will reach, maybe, 100° Fah., about the range in Ohio and adjacent states. The remainder of the day will be delightful. Our atmosphere is perfectly pure; there is not a particle of malaria in it. The transient impurities, which owe their existence to the presence of human beings, are quickly acted upon by the millions of acres of pine forests on the mountain slopes above us, and swept away by the light current of air constantly traversing the pass. The air is optically clear. Any day, from my office window, one can see objects over forty miles away. Its effect is bracing, stimulating. Indeed, patients have to be cautioned against over-exertion, because the stimulus of the atmosphere imparts a false sense of strength. The dryness of this climate is proverbial. During eight months or more of each year we have no rain at all. The average rainfall does not exceed ten inches. A large portion of southern California is subjected to the fogs arising from the ocean. These fogs are very dense and resemble the fog-banks off the coast of Newfoundland. Indeed, their effect is such that even the quality of the fruit is injured for many miles from the coast. Where the elevation is slight the fog may extend inland for a hundred miles. Our mountain pass, however, is so situated that we are protected from



these fogs. Very rarely we may be reached by the thin, outer-edge of one for two or three hours in the early morning. This immunity from fog affords Banning a decided advantage as compared with other coast locations. The air is so dry that old seasoned furniture brought here, even from Los Angeles, will shrink sufficiently to fall apart. Washer-women can hang clothes out at nightfall and in two hours they will be perfectly dry and remain dry and stiff if left until morning. Our water-supply is clear and abundant. It is the purest of snow-water flowing from the everlasting deposits of snow on the mountain-peaks north of us. A narrow cemented canal has been built from the reservoirs of Banning to a point six or eight miles up the mountain where the water can be secured free from all contamination.

In this country, where we must depend on irrigation for every blade of grass or bite of fruit we grow, the water-supply is invariably the first consideration. For instance, an acre of land with a good water-right for irrigating purposes is worth \$100 more than it would have been without that right. Here, we give water no thought; it is delivered in pipes to our kitchens and bath-rooms; it runs to waste in our gardens and orchards. We drink it, by preference, without ice, during the hottest summer, from an ordinary cœla. Many places in this country have been ruined as health resorts by a faulty irrigation system. Water, for irrigating purposes, has been distributed through open, uncemented ditches. As a result, the water has percolated through the soil, which is filled with green ooze, vegetable decomposition has occurred with tropical generosity and the place has become unhealthful. Several of our most widely advertised (and financially successful) health resorts, which formerly were healthful, are now hot-beds of malaria, unsuitable for any patient, owing to this one fault. Here, the water company has been extremely careful to preserve whatever natural advantages the place possessed. Water has been distributed only in cemented ditches, iron pipes and wooden flumes, and all care taken, necessary in this climate, to prevent our blessing from becoming our curse. Our soil varies from a deposit of pure sand, in some old "washes," to the rich, sandy loam characteristic of the fruit lands. Natural drainage is perfect and the soil free from alkali, the presence of which is an objection to so many parts of the State. The fertility of the soil is amazing; with the aid of water, crop after crop can be taken from the land in a year.

This is one of the very best fruit growing regions in the State; and a wider range of varieties prosper here than, perhaps, elsewhere. On

the one hand oranges, figs, olives, raisin grapes, etc., flourish and, on the other, apples, cherries, pears, apricots, peaches, etc., are a success. The beautiful alfalfa lands furnish rich pasturage. All kinds of vegetables grow both in and out of season—green peas at Christmas and new potatoes all the year around. These points are important to consumptives in two ways. In the first place the patient's stomach is (rhetorically speaking) his god—all things must be made to minister unto it. Canned roast beef and condensed milk may do for Arizona invalids, but here, in Banning, we can raise good, fresh beef, plenty of milk, cream and butter and eggs and fruit and vegetables and all that tempts the appetite and builds up wasted bodies. Second: Patients want something to do, are better when doing, for the mind dwells upon the employment instead of reacting on the body. Fruit growing affords to all plenty of free, out-door exercise and ennobling, as well as profitable, employment. I know that my own health has largely been picked up in my own yard, while pruning pepper and orange trees, or eating figs and grapes. Accommodations for invalids can be found in private families and hotels. Of the latter, there are several quite large ones in the neighborhood. As hotel custom is chiefly composed of invalids, the proprietors are learning that the table is the most important item, and that it must be adapted to sick, as well as to vigorous people; this means that beefsteak, eggs or cream can be had at any hour—for reasonable compensation. When consumptives are not *promptly* and *freely* supplied with such food and cooking as their physicians order, they should immediately *seek other quarters*. On the other hand, extra attention, when needed, is worthy of extra pay. Our hotel rooms are mostly large, sunny and well-ventilated. Patients here must be prepared to surrender the gaities and amusements of a city. In return for that loss they have all "out-doors" to live in, and have fine riding, driving, walking, shooting, etc. We have two mails per day, good stores, good church, good school, good society and many other things that make life worth living. Banning is easy of access. It is on the S. P. R. R., 30 miles east of Colton. During the very hot months patients should avoid travel across the deserts, through which the S. P. R. R. is built, and instead utilize the more northern routes. During the fall and winter the S. P. R. R. is preferable. The best winter route from St. Louis is over the Iron Mountain road to Deming, N. M., and from there to the coast over the S. P. R. R. There is only one change of cars and scarcely any change of temperature after reaching a southerly latitude.



## THREE CASES OF EXTRA-UTERINE PREGNANCY.\*

BY J. ARTHUR BULLARD, M.D., WILKES-BARRE, PA.

Feeling that extra-uterine pregnancy, is a condition, owing to its comparative rarity, not fully studied or well understood, and having had the good or bad fortune, to have had a greater number of cases than usually falls to the lot of a general practitioner, I have felt it a duty to report them.

Certainly no graver complication of pregnancy can happen to women, or one more terribly fatal in its results, than that which places the product of conception outside the receptacle intended by natural laws to be its resting place, until the time when, by proper development, it is fitted for an independent and separate existence. If, therefore, we can establish data and give information that may prove of value in diagnosing and safely treating such conditions when they are suspected or proven to exist, we will be accomplishing much, for no one can tell at what time just such a case may fall into his hands for treatment.

I do not, in reporting the following cases, claim to have exhibited any superior intelligence or skill in diagnosis or treatment, but no doubt it will be cheerfully conceded by all, that so far as results go, I have been favored, with what might be called extra good fortune. With these few introductory remarks, I will call your attention to

CASE I.—Mrs. E., æt 25 years, the mother of one child born four years previous, came under my treatment for menorrhagia—due to chronic endometritis—January, 1883, at which time she presented the following prominent symptoms: Repeated attacks of too frequent, too profuse, and too long lasting menstruation, accompanied latterly by a great deal of pain and uterine tenderness. There was marked emaciation and debility with depression. An examination made at the second visit, found the mouth of the womb soft, patulous and open, the cervical canal blocked with thick purulent mucus. The uterine cavity, which was sensitive, and bleeding at the slightest touch, measured nearly four inches in length, and on the posterior lip was a deep angry-looking ulcer, as large as a dime, whose irregular edges strongly suggested malignant origin. Under thorough extra and intra applications, weekly, of phenic acid, sub-nitrate of mercury, hydrastis, iodine, calendula and glycerine, and the daily douching with hot water and solutions of hydrastis, by means of a fountain syringe at her home, together with the internal administration of *Ars. jod.*, *Hyd.*, *Kreos.*,

\* Reprinted from the "Transactions of the Homœopathic Medical Society of the State of Pennsylvania," 1886.

*Actea. rac.*, and *Trillium*, she made rapid progress, and by May following, the menstrual function was well and properly performed, the uterine measurement reduced to less than three inches, the ulcer healed, and the long lasting catarrhal inflammation, a thing of the past, with my patient on the broad road to perfect health.

In July, she ceased to menstruate, and began September 15th, to have a peculiar and, at times, severe pain in the left ovarian region, which, however, lasted only between the hours of three and seven p. m. of each day, and during this period of time, it would start from the ovary and extend through to the back in great severity, and was accompanied by a feeling of numbness in both lower limbs. After giving the case much thought and study, I began to strongly suspect that it was a case of tubal pregnancy, and so described it to the patient's husband, at once advising great care in the avoidance of over-exertion, suggesting the recumbent position, and giving such remedies, from day to day, as the various symptoms seemed to indicate.

On October 3, at 2 a. m., she was taken suddenly and alarmingly ill with a most agonizing pain in the abdomen, accompanied with violent vomiting. I was sent for at once, but owing to severe illness in my own family, I did not arrive at the bedside until six hours later, when I found her in a state of collapse, bloodless and pulseless, and only an occasional fluttering of the heart to betoken that she was not absolutely dead. Before my arrival, they had forced a few drops of brandy down her throat, applied mustard plasters, and surrounded her with fruit jars filled with hot water, which were changed at the slightest suspicion of coolness. Notwithstanding this, the body remained quite cold, and there was every indication of an internal hæmorrhage to a degree that speedy dissolution seemed inevitable. Willing hands were not wanting, however, and after several hours we were rewarded by being able to detect a slight fluttering at the wrist, and evidence of returning vitality, as shown by an occasional sighing respiration. It was four days before she recovered consciousness, after which she slowly improved in strength and color, sitting up in bed for the first time on the 25th day of November following. The improvement, though necessarily slow, was constant, and the menses made their first appearance during the latter part of December, and have continued regularly since. The patient has been in excellent health from that time to the present writing.

This case I diagnose as one of tubal pregnancy, with rupture in the second month, the product escaping into the abdominal cavity, and eventually becoming encysted.



I do not know that the case just reported is one of especial value, only so far as the symptoms given might aid in the diagnosis of a future similar case. As far as treatment was concerned, I at that time knew of no operation that could have been justified under existing circumstances, nor did I know the "indicated remedy." Now, if called upon to treat a similar case, I should feel more equal to the emergency, and should depend, with all confidence, upon the application of electricity, used with sufficient intensity to destroy the life of the precocious wanderer, any good faradic battery being abundantly sufficient for that purpose.

If, however, the time should come when an accurate, differential diagnosis is possible between a strictly tubal or abdominal pregnancy, like the one just cited, and a tubo-uterine or possibly interstitial pregnancy, an illustration of which will be given under case II, the indication for treatment will be plain beyond question; namely: to kill or destroy the product of conception proven to be tubal, by the electric current; and use every legitimate means at your disposal, to facilitate the removal of the foetus from its adjoining cavity to the womb proper, there to fulfill its mission.

CASE II.—Mrs. L., a lady of lax muscular fiber, æt. 32 years, married thirteen years; the mother of four children, the youngest being three years old, consulted me September 22, 1884, at which time she complained as follows:

Pain in right ovarian region, extending to the hip of same side, and a general feeling of discomfort through the entire pelvic viscera. On examination, I found the uterus enlarged, tender to the touch and considerably retroflexed. The cervix was inflamed and the os, as large in diameter as an ordinary lead pencil, was full of tenacious mucus. As she had missed one menstrual period, I examined her with great care, and after partially correcting the mal-position and applying a tampon of cotton, wet with a solution of quercus, alba and glycerine, dismissed her, with instructions to report in three days. At the second examination, made September 26, I thoroughly and easily explored the uterus, and found it empty; the sound entered the cervix, with the greatest ease and could be manipulated in every direction without resistance, and the examination, notwithstanding its thoroughness, was not, except in a slight degree, painful. The inflamed and sensitive condition of four days previous, having, to a great extent, disappeared, I advised hot water injections, and prescribed *Actea rac.*<sup>3x</sup>, a dose every four hours, and requested her to report her condition later.

The following week gastric disturbances, similar to those noticed in

the first month of pregnancy, became somewhat annoying, but under the use of indicated remedies, and such local measures as seemed necessary, were much modified, and gradually disappeared.

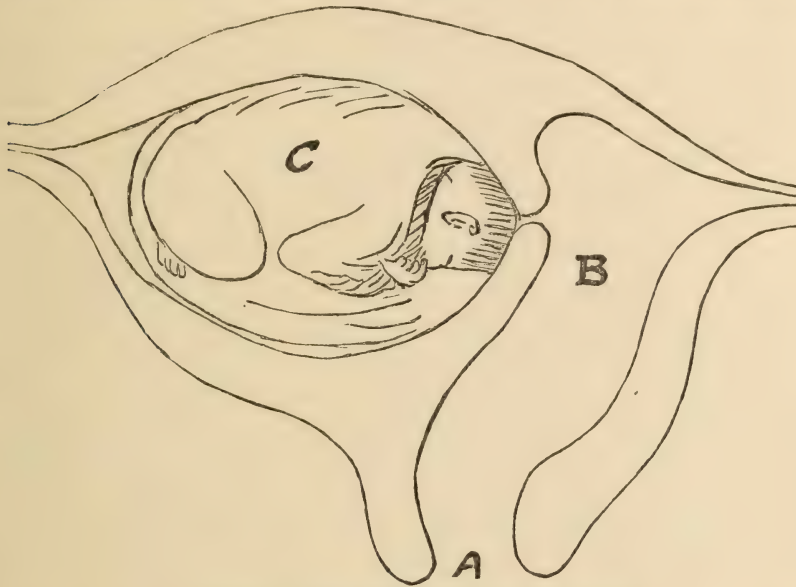
About the third month, however, a suspicious swelling made itself known, more prominent to the right of the median line, and not sufficiently well defined to locate absolutely, and erratic as well, inasmuch as it would be noticeable one day and wanting the next. The breasts also began to increase in size, and, in fact, everything began to indicate, to a greater or lesser degree, the pregnant condition.

Notwithstanding all this, repeated and careful explorations of the womb failed to discover the presence of an intruder, and the symptoms above enumerated continuing, I now came to the conclusion that a tumor of some description had located to the right of the uterus, possibly attached to it, and by an enlargement and pressure had set up an irritation sufficient to elicit the existing symptoms which ordinarily would very strongly indicate the pregnant state.

This enlargement, however, varied in size so much, from one examination to another, as to make a positive diagnosis extremely difficult. So, acquainting my patient's husband with all necessary facts, I requested and obtained his consent to a consultation, and in November, we took her to Philadelphia to see Dr. C. M. Thomas. Finding the Doctor disabled by a dissecting wound of finger, and consequently unable to make the necessary examination, we called in Drs. A. R. Thomas and J. N. Mitchell, the former not excelled as a general diagnostician, and the latter a gynælogical specialist of acknowledged ability. Both made careful examinations, and both pronounced the uterus to be empty. The enlargement noted before was provokingly less noticeable than usual, and as neither of the consulting physicians felt warranted in committing themselves to a positive diagnosis, we returned home, not greatly wiser than when we came. Dr. Mitchell, intimating, however, that the location of the trouble appeared to be in the right Fallopian tube, near its junction with the womb. After returning to her home, the tumor became more prominent, and gradually it was more evident that it was becoming part of the uterine body. It was also not infrequently the seat of sharp pains. About the middle of December the patient became cognizant of a fluttering sensation similar to that first noticed about the fourth month of gestation. She became very much depressed, and suffered greatly at times from an aggravation of the old gastric troubles. I now, for the first time, began to be reasonably positive that I had a case of interstitial or extra-uterine pregnancy to deal with, and recognizing the gravity of



the case, felt that I was justified in adopting active measures for relief. Local treatment was accordingly resumed. The womb thoroughly



*A, Os Uteri. B, Uterine Cavity. C, Fœtus in Fallopian Tube.*

dilated, large tampons were placed therein; applications of caustic potash and glycerine freely made on right uterine wall, which could, before long, be noticed to encroach decidedly on the true uterine cavity, as sloughs were formed by its action. The pain caused by this treatment was considerable at times, but was never beyond the strength and courage of the patient to endure.

While the way in which the involved organ tolerated this heroic treatment was truly wonderful and commanded my admiration, it could not but daily excite my fears.

This treatment was continued, with slight variations, until February 1, when, so far as could be determined, the enlargement seemed to be a well-defined portion of the right uterine wall, and the general condition of the patient much improved.

On February 15 I was sent for shortly after midnight, and on my arrival found my patient suffering with well-marked labor pains. On examination, I discovered, well up in the uterine cavity, what proved later to be a fetal head, for in comparatively a short time I succeeded in delivering her of a fetus weighing  $4\frac{3}{4}$  pounds, the placental membranes following nicely soon after. An examination made at this time determined the existence of a compartment or foetal sac, which

had doubtless developed in the uterine end of the right Fallopian tube, presumably half an inch or less distant from the womb proper, but later, by development, had become an annex, so to speak, of the uterus itself, so that by gradual absorption of intervening tissue, what was at first extra-uterine became ultimately, by rupture of the dividing septum, intra-uterine pregnancy, followed naturally by labor and expulsion in a natural manner.

The hæmorrhage was not greater than in many ordinary deliveries, nor was the patient's recovery marked by any especial outward symptoms. Solutions of permanganate of potash were used twice daily for ten days. A greater sense of pain and soreness was noticeable for some time through the entire abdominal viscera. By the expiration of the third month the menses reappeared, and the patient has been in her usual health from that time to this writing.

This case I diagnose as one of tubal pregnancy changed to uterine by combined natural and artificial means, with the result of saving a life which, had it been left to the unaided efforts of Nature, might, certainly, have reached a fatal termination. A case surely of unusual interest, inasmuch as it was seen to a successful issue, and that it goes to establish what is usually admitted, namely, that, under such circumstances, the womb will tolerate a more aggressive treatment than the generality of practitioners have supposed, and that, too, without any undue resentment or danger.

CASE III.—On May 10, 1885, Mrs. W., a comely looking widow, æt. 40 years, of Caucasian parentage, but living in concubinage with a coal black negro, came to my office to consult me in reference to a gastric trouble, and incidentally mentioned, in the course of questioning, that she had long been a sufferer from diseases peculiar to her sex. As she was somewhat deaf and inclined to be reticent, I did not, at this time, elicit any especial symptom bearing on her female weaknesses, save that she had not menstruated for five months. She did not report the result of my prescription, and I did not see her again until the following November, six months after the visit mentioned. I was then called to the house to prescribe for a hæmorrhage, which she had wrestled with but had been unable to control, and which had prostrated her greatly. On examining her abdomen, at her request, I discovered an enlargement in the right of the hypogastrium, which was irregularly globular in form, as large as a small child's head, and hard and unyielding on pressure. The impression conveyed to my mind at the time was that it was a uterine fibroid.

The hæmorrhage for which I had been called had grown noticeably



less after sending for me, and was soon under control and the patient reassured, so that when I called the following day it had entirely ceased, and she was sufficiently comfortable to give me the following history :

In January, 1886, she had ceased to menstruate, but owing to previous irregularities this occasioned no alarm until, not long after, she began having slight pains through the womb, which continued in a bearable degree until April, when they increased to the extent of frightening her into consulting a physician, who pronounced her disease gall-stone colic, and prescribed morphia. After this she continued to take morphia *ad libitum*, whenever the pain was severe.

In May, she first noticed an enlargement or swelling in the abdomen, which being more pronounced over the seat of pain, excited her apprehension, and she again consulted her physician, who, after examination, pronounced her suffering from fibroid tumor of the womb, and advised her to place herself in the hospital, preparatory to having it cut out. This she fortunately refused to do, having a great dread of hospitals. Shortly after this she began to feel a throbbing through the tumor, which created an impression in her mind that possibly she might be in the family way after all. So, having lost all confidence in her last medical adviser, she sought another, who, after examination, scouted the baby idea as not tenable, and assured her positively that the trouble was undoubtedly a tumor, and the knife was the only remedy. He afterward brought counsel, and both urged the hospital and an operation, but to no avail. She was willing to undergo the operation, but refused to enter the hospital, while the physicians very wisely concluded not to operate at her home. The pains in the meanwhile having grown more and more unbearable, the morphia became more and more necessary, and was taken freely and frequently, until one day about the middle of July, her distress becoming intolerable, she took a much larger dose than ever before, and from that date to the finish she had no further throbbing or sense of pulsation in the abdominal tumor.

As near as I could ascertain, it was a month or six weeks after the cessation of motion that she was taken with a violent chill, followed by lancinating pains through the bowels, vomiting, great abdominal distension, difficulty in breathing, in fact, a reasonably good picture of a severe attack of inflammation of the peritoneum, and from such data it was obtainable from those with her at this time she was presumably a very sick woman for several weeks, but finally succeeded in regaining strength sufficient to crawl out of bed in a state of almost hopeless invalidism, a picture of emaciation, pain, feebleness, and great bodily

distress. This condition continued with slight variation, until the 19th of March, when she was again taken with violent pain in the bowels, and sent to me for medicine.

On the following day a neighboring woman came hurriedly to my office, and told me that Mrs. W. would certainly die if not soon relieved, and begged me to come at once.

As soon as possible, I took my operating case and drove to her house, and found her in great agony with the pain, referred almost entirely to the rectum, and was informed by her daughter that she had not had a passage of the bowels for more than a week. Anointing my finger with carbolic acid, I introduced it well into the rectum, and could find, as high up as I could reach, what I cannot better describe than by saying that it felt like a mass of broken china, tied up in a bladder, completely blocking the passage. Using my finger as a guide, I made at once an exploratory incision into this sack, and was rewarded by a gush of positively *the* foulest combination of overwhelming stench that ever came in contact with human olfactories. Determined, however, to die on the field if necessary, I continued in the breech, as it were, and by means of fingers and dressing forceps, succeeded in extracting the skeleton of a six month's fetus, most of which I offer for your examination.

Simultaneously with the evacuation of this extra-uterine cyst, the tumor disappeared, and a few moments after, a tremendous train of faecal accumulation thundered down the gorge, and my patient was soon sleeping from relief, as well as exhaustion. The hæmorrhage was slight, and after washing out the rectal sac with permanganate of potash frequently and thoroughly, with the internal use of *Secale* and *Arsenicum*, the patient made a phenomenally rapid recovery, without a symptom of septic poisoning or a higher temperature at any time than 101°, which was registered on the second day.

Two days later, on inquiring at my morning visit how she had enjoyed her toast and tea this morning, I was informed that she had tired of "slops," and that fried ham and eggs and warmed cabbage had constituted her delicate repast, washed down by a pint or so of muddy coffee, and also that the invalid herself had walked out into the shanty to superintend the preparation of the viands named, and all this mind you, days before the odor of the engagement (figuratively speaking) had disappeared from my hands, hair and clothing. She did not pay any penalty, however, for her rashness—nor did she pay her physician for his attendance—but has made an uninterrupted recovery to a condition of robust health.



This case was one of tubal or abdominal pregnancy, in which the foetus was killed about the sixth month, by an overdose of morphia taken to relieve acute pain. After which through irritating pressure and peritoneal inflammation, bands of adhesion were no doubt formed between the foetal sac and the rectum, resulting in a gradual thinning process or absorption of dividing wall, until by pressure and gravity, it pouched into the gut, closing all communication and necessitating operative interference.

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### A REMARKABLE CASE OF SINGULTUS.

BY THOS. L. SHEARER, JR., M. B., C. M. EDIN. BALTIMORE, MD.

Singultus, or, as it is usually called, "Hiccough," is a symptom of irritation of the phrenic nerve. The result of this nervous excitation is a clonic spasm of the diaphragm, each paroxysm consisting of violent spasmodic contractions of this muscle, which are accompanied by an inspiratory sound, interrupted by momentary spasm of the constrictors of the glottis; the attack terminating in a short expiration. If the duration or intensity of these phenomena be considerable, the paroxysm may be accompanied by pain, retraction of the epigastrium, symptoms of dyspnoea and embarrassment of speech. Should hiccough occur in the later stages of a severe disease, it is looked upon as an ominous sign. The causes from which phrenic disturbance arises may be roughly classed under three heads, viz.: (a) Direct; (b) Reflex; (c) Central.

I. By direct irritation of the nerve is meant simply the effects of pressure, by any body or fluid, which encroaches upon the path that the phrenic nerve takes in its passage to the diaphragm. But this probably only occurs in rare cases, as one would expect to find the muscular contraction so brought about assuming more of a tonic nature. According to some medical observers, however, the following causes are said to have produced singultus, by acting in this way:

1, Mediastinal tumors. 2, Aneurisms. 3, Pneumonia. 4, Pleuritic effusions—if the mediastinal pleura be involved.

II. Under "reflex" causes are placed various agents which, acting as peripheral sources of irritation, bring about reflexly through the medium of the nervous centers, the clonic spasms. They are as follows:

(a) Irritation of the—Pharynx, Œsophagus, Stomach, Intestines, or Peritoneum.

(b) Biliary and Renal Calculi.

- (c) Diseases of the prostate gland.
- (d) Diseases of the uterus and ovaries.
- (e) Accumulation of hardened cerumen in the external auditory canal.
- (f) Pericarditis (rarely).

Hiccough is *most frequently* caused by reflex action; even placing food in the stomach will, at times, produce it, and many physicians have seen it result from checking diarrhoea too suddenly, or from too violent emesis.

III. The causes under this heading termed "Central"—for convenience—are those which, most probably, act by directly irritating the respiratory center, or the fibers of the phrenic nerve in their course through the spinal cord. Hence we may consider as belonging to this division these conditions of the system:

- (a) Hysteria.
- (b) After emotional excitement, as fear, rage, grief, etc.
- (c) After hæmorrhages.
- (d) In cholera.
- (e) In severe dysentery.
- (f) Diseases of central nervous system.
- (g) Injuries of the skull and cervical portion of the spinal column.
- (h) Anæmia and chlorosis.
- (i) Cachexia, e. g. cancer.
- (j) Malarial poison.

Many people are subject to attacks of frequently recurring hiccough, which either pass off quietly alone, or by the application of means which every household possesses. At times, however, we meet with cases which have not only resisted all the measures employed by the sufferer, but which also give the medical attendant much anxiety and trouble. Appended is an extract from notes of such a case, which occurred in my private practice.

Miss T—, æt 16 years, stout, well built, weight 130 pounds, light hair and blue eyes, fair complexion, bright and intelligent; appetite and digestion good, bowels regular, menstruation normal; visited my office on December 3d, 1885, and gave the following history of her case:

"I have always been a perfectly healthy girl, never troubled with the diseases like measles, scarlet fever, etc., with which so many children are affected, and I do not remember any occasion upon which I had even as much as a headache. On October 2d, 1885, while taking a walk in the woods, which surround our house, I experienced a



curious feeling in my left side. On placing my hand over this part, a rumbling sensation, as if caused by the rolling of wind, was felt every time I breathed. To my great annoyance this continued, with slight intermissions, until Thursday, November 3d. On that day, about 11 a. m., I became extremely chilly, felt drowsy, inclined to fall asleep, and did not care to exert myself in the least. In the evening, after supper, which was a light and easily digested one, I was attacked with the most violent *hiccough*—the spasms occurring every half minute. My people gave me ginger, ice, vinegar, cold water, mustard and other things which they had in the house at the time, but as nothing seemed to relieve me, they became alarmed and sent for our doctor. He said that the hiccough was caused by indigestion, and as nearly everything, of which he could think, had already been tried, he prescribed chloral and bromide of potash. The medicine produced very sound sleep, which only lasted, however, for ten or twenty minutes at a time, and on awakening, the spasms were more rapid, severe and painful. On Friday, cloths wrung out of boiling water, were applied to my abdomen, musk taken internally throughout the day and a brisk purgative administered at night. On Saturday morning, as my condition was so much worse, a physician from town was called in consultation. Morphine was injected hypodermically, and mustard water given me to drink, with the hope that it would produce vomiting. A tin pan filled with ice was next placed on my bare abdomen and kept there steadily for four hours, but I did not feel any inconvenience from it. Neither the drugs nor the external application had, as yet, affected me in the least. Later, in the evening, morphine was again injected, followed by anodyne pills and the inhalation of chloroform and ether. Immense mustard poultices were also applied to the abdomen during the night. Sunday—blisters were placed around my waist, and glycerine, in drop doses, was given me every two hours. For two weeks these distressing and violent paroxysms continued, ceasing only during sleep, which was obtained each night with the assistance of the chloral. My father did not think it worth while to employ any other physicians, as so little benefit had so far accrued from such advice, and the hiccough was allowed to torment me for two more weeks. My friends then insisted that my case should have further medical attention, and advised me to call upon you.” The patient further stated, “that she had hiccoughed about every half minute ever since the commencement of the attack, and that each day her symptoms were becoming more violent. That sometimes violent eructations would accompany the paroxysm and produce a loud report. That eating and

drinking seemed to aggravate her symptoms, but that it mattered very little whether the article swallowed was hot or cold. That she was always worse in the evening and in the morning, when she would awaken with a very severe paroxysm. Lastly, that the symptoms ceased only during sleep."

As the patient had, at times, at least half an hour to spend in my office, while waiting her turn, I *timed her* and found that she had a paroxysm about *every half minute*: thus corroborating her own statement.

She hiccoughed so loudly, frequently and violently that the greatest excitement prevailed among the other patients, who were naturally astonished at the performance and who often made inquiries as to "how the hiccough girl was coming on."

I at once stopped the use of the chloral, feeling that it was not helping the malady in the least and also to ascertain whether she could sleep without its assistance or not. As she mentioned the presence of eructations, *carbo vegetabilis* 3x—5 grs. every three hours, was prescribed.

Dec. 13th. Patient to-day said that she was now able to *sleep six hours* each night, *without the aid of the chloral* and that during that time the singultus ceased. *Cicuta virosa*, a remedy recommended by Dr. Hughes in idiopathic cases, was given for several days but without any perceptible benefit.

Dec. 15th. The paroxysms to-day are more violent. I gave patient a three drachm vial of atropin 3x, every hour until the attacks of hiccough became less frequent, unless, meanwhile, its pathogenetic effects viz:—dryness of the throat and dilatation of the pupils, were produced.

Dec. 18th. The patient consumed all the atropin which she had in her possession, but experienced neither any amelioration of the symptoms, *nor even the slightest effect from the drug*. Rather than prescribe blindly without "indications," as she had already been troubled so long with the affection, I preferred to use means which had, in a general way, been of service in other cases.

As faradization of the phrenic nerve had proved successful in Dumontpallier's patient, I thought it worthy a trial with this girl, but only a negative result was obtained. Empirically (from experience in treating cases of singultus in the Vienna hospital), I injected hypodermically a solution containing one-fifth of a grain of pilocarpin hydrochlorate.

This was repeated next morning and evening, and to assist its



action, pilocarpin 1x trit. (5 grs. every 3 hours) was administered. But, strange to say, she did not perspire, had not even a tendency to ptyalism and seemed totally unsusceptible to this as to every other drug.

On December 28th, the pilocarpin, which had not checked the trouble in the least, was discontinued and Lachesis, 12x (5 grs. every two hours), was prescribed. This remedy was selected because there seemed to be aggravation after sleep.

Dec. 31st. Patient states that, so far, no signs of improvement are visible, and as a slight indication for nux vomica presented itself, that remedy was given in doses of 5 grains every three or four hours, the 3x trituration being employed.

Jan. 7th, 1886. As the paroxysms are not so severe as they have been all along, nux vomica was credited with being the cause of improvement and continued as before.

Jan. 10th. Patient complained of extreme nervousness and stated that "early this morning the attacks became very severe and that she was continually waiting with anxiety for the next hiccough." Ignatia was prescribed in the form of Boericke and Tafel's one minim tablet triturates—a tablet every three hours.

February 1st. The last remedy relieved the nervous condition and, to a great extent, the despondency also, but the hiccough continued.

Hyoscyamus was next given a trial, as the original symptoms apparently had started from gastro-intestinal irritation, but relief did not follow.

Feb. 8th. The patient called my attention particularly to the circumstance that she became markedly worse every evening about seven o'clock. This seemed to me to indicate the presence of some deeply acting agent, such as malarial poison, which by this periodicity, was endeavoring to assert its true nature. As an anti-spasmodic was, at the same time, also indicated, gelsemium sempervirens (Boericke and Tafel's one minim tablet triturates), was at once administered—a tablet every three hours. *In two days the intervals between the paroxysms had increased to five minutes!*

Feb. 15th. The patient to-day only hiccoughs *once* every *thirty minutes* or so and, of course, feels greatly encouraged. Gelsemium continued.

March 15th. Improvement has kept up steadily ever since her last visit, and during the last few days she has had *entire relief* with the *exception* of a slight paroxysm in the morning on awaking, and in the evening after supper. Gelsemium continued—a tablet twice daily.

March 31st. Patient called to-day and reported herself entirely relieved.

This case is remarkable.

I. Because of its duration (from Nov. 3rd, 1885 until the latter part of March, 1886).

II. Because of the frequency and violence of the paroxysms.

III. Because of the total absence of "characteristic indications" for remedies.

IV. Because of the excellent condition of the patient at the termination of the attack, her general health having apparently suffered but little from it.

After a close study of the case I am disposed to think that the exciting cause was malarial poison in the system, which, although commencing in the form of gastro-intestinal irritation, instead of producing a gastric remittent fever, took on the form of singultus, characterized by two daily exacerbations.

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#### BELLADONNA, AGARICUS AND BORAX.<sup>1</sup>

BY EDWARD CRANCH, M. D., ERIE, PA.

The following study of belladonna, in association with agaricus and borax, was begun in consequence of two independent remarks, one by Alphonse Teste in his *materia medica*, the other by W. J. Blakely, a former president of this Society, but now deceased. Teste not only places agaricus next to belladonna in his belladonna group, but states in a foot-note to agaricus that once, when he was called on to relieve a case of convulsions that he had often before controlled by means of belladonna, he now, finding his belladonna vial gone, gave agaricus instead, and, he says, the result was the same.

Blakely once said to me in conversation that he considered borax many times called for, when a first glance might suggest belladonna.

It, therefore, occurs to me now to examine the pictures of these drugs, and discover the family resemblances, if any, so that hereafter we may distinguish the members of the family better, by knowing what little peculiarities to look out for. Polypharmacy would suggest giving all at once, when in doubt, but that would be like a combination photograph, blurred and unsatisfactory, not the card by which to identify the wily criminal, disease.

In the mental symptoms, the violence and rage that are prominent under belladonna and agaricus are moderate or absent under borax.

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<sup>1</sup> Read before the Homœopathic Medical Society of the State of Pennsylvania.



In all three these symptoms are fitful, and alternate rapidly with other moods, and in all three the states of exaltation, with increased activity and strength, are followed by states of depression, lassitude, idleness, and so forth. Under belladonna the stage of active delirium is most marked ; under agaricus, the stage of silliness ; under borax, the stage of torpor ; yet in the secondary stages of all, flashes of the maniacal delirium, the crazy silliness, and the apprehensive startings recur with more or less frequency, and always suddenly. The belladonna patient in fever, forgets all surroundings except as they oppose him directly, and he boldly rises from bed ; the agaricus patient will watch his chance and slowly sneak his feet out before attempting to rise ; the borax patient is startled by every noise and shock, and especially by any downward motion, but the emotion excited is fear, and not rage, as in belladonna, or timid ill-humor, as in agaricus.

The belladonna child startles with the whole body ; the agaricus child has tremors of an eye-lid or other simple part of the muscular system ; the borax child dreads always a downward motion, and expresses fear and solicitude without any specially characteristic muscular action, beyond the usual facial changes in states of fear.

The profound coma and stupor of belladonna are not found in the other two drugs under consideration.

In the symptoms of the head they are all sufficiently contrasted by the following characteristics :

The belladonna subject dreads the slightest jar, and the scalp is extremely sensitive, the pulsation marked ; the others have none of this. The agaricus subject complains chiefly of a weary brain, as after sexual and other excesses, with tendency of the head to fall backward, sometimes with an icy feeling, or a pricking as of needles, like kali carb., with sensitiveness only in spots, like kali bichromicum. The headache of borax is not peculiar, but the hair often shows a tendency to become knotted and adherent. Upon the eyes the action of the three drugs is strikingly similar, but in belladonna the sparkling look, in agaricus the twitching, in borax the redness and inversion of the lids will serve to contrast them.

The ears of belladonna pain more than they itch, the ears of agaricus itch more than they pain, the ears of borax resemble the others in their inflammatory discharges, hardness of hearing, stitches, crackling, stopped sensations and roaring noises, but have no itching nor over-sensitiveness to sound, as the others have. The facial redness, heat, swelling and pallor are alike in all, but in belladonna they change more rapidly and attain a greater heat.

In the mouth and throat belladonna has no actual lesions of the lining, as borax has, with their elongated form, yellow pus and offensive odor, but the spasmodic element in belladonna is foremost, even imitating that of hydrophobia, but most usually with dryness. Agaricus has neither actual lesion nor marked swelling, but a copious saliva of all sorts of bad taste, while the nose seems as if stopped with cotton, and solid balls of phlegm are hawked easily from the throat, as in the commencement of certain colds. In belladonna colds the throat suffers most, in borax colds the nose ulcerates inside and out, in agaricus colds it feels as if stopped by cotton wool. The mucous membrane of the belladonna case is mostly hot and dry, of the borax case, moist, eroded and offensive; that of agaricus feels astringed and tastes badly. The stomach of belladonna is affected with few but violent symptoms, mostly referable to the nervous system, strong cravings and sudden vomitings, violent pain as if neuralgia; the borax stomach is sore as if eroded, and desires food, but chewing, deglutition and the mechanical pressure of the food in the stomach are all painful; the agaricus stomach feels as if it had been through a heavy debauch, and loathes food and drink. The abdominal and bowel symptoms of belladonna are strongly marked and well known; the others have but faint disturbances, of little distinctive value. The urinary symptoms in all are striking and important, besides being of close similarity, but the sediment with belladonna is oftener red, that of agaricus oftener white, that of borax has not been observed, but the urine is hot and pungent. All affect the sexual system, and are extremely useful therein, for effects of over-use, for hemorrhages and profuse discharges of all kinds, but especially when hot and offensive. Belladonna controls hæmorrhages of this character; borax relieves profuse, hot fluor albus, and has removed sterility; agaricus is powerful in the exhaustion of head and limbs that follows excess, comparing well with staphisagria, carbo vegetabilis and china. The cough of all is violent, with slight expectoration; belladonna has the larynx very painful and hoarse; borax scarcely affects the larynx, but has a mouldy taste and smell with the slight expectoration; agaricus has much sneezing, with violent cough. All three remedies increase the flow of milk, and have tightness of chest, most markedly constrictive with agaricus, and most painful with borax.

The heart has been studied most under belladonna. I think careful proving would discover nearly equal disturbances of the heart and pulse under the other two. Muscular symptoms in belladonna and agaricus are referable to the excitement of the cerebellum and medulla spinalis, the former mostly by belladonna, the latter by agaricus. Bo-



rax leaves the nervous system quiet, except for a state of apprehensiveness and general susceptibility to impressions. The muscles are at rest unless moved by the patient.

The general movement of the belladonna subject is that of readiness to start into spasm, that of agaricus of prostration and tremor, that of borax is to keep quiet for fear of hurt.

The skin of belladonna looks excessively hot and feels so, even at a long distance; that of agaricus only looks red, if at all, in small spots that burn as if reacting from frost bite; the skin of borax looks hot, but does not feel so except on touching it firmly.

The action of belladonna on the skin is severe and decidedly erysipelatous, followed by pustules, scabs, and desquamation of epidermis. Agaricus causes various degrees of fine pricking and itching. Borax displays a profound disturbance of nutrition, shown in its unhealthy, easily festering skin, almost like its action on the mucous membrane.

Belladonna subjects sleep profoundly, but with frequent violent starts, sometimes serving to prevent actual sleep, however sleepy. The smaller twitchings and shocks of agaricus act in the same manner, but with far less violence and prominence among the other symptoms, which in belladonna become characteristic. The sleep of borax is disturbed as by fright, but no true convulsive movements have been observed.

The fever of belladonna is most marked, that of the others scarcely deserves notice, except that they present the *appearance* of fever while the rise of temperature and pulse is slight. The aggravations of belladonna and borax are mostly after 4 P. M.; those of agaricus are more dependent upon circumstances than on time.

To sum up, it is easy to see a resemblance, where one is looked for, nevertheless, these three drugs may well be considered together on some occasions, as in feverish children, with sore throats, nervousness, delirium, dread of being touched, fear of convulsions, erysipelas, inflammation of eyes and ears, pains in the stomach, profuse discharges and disturbed sleep.

Perhaps, among the three, the borax can be soonest decided upon, to be taken or dropped; between the two others, belladonna and agaricus, the degree of action must often alone decide, that of belladonna being the most powerful and acute, that of agaricus, milder and more localized; that of borax most mild, but affecting more changes in actual structure, approaching an action like the antipsorics of Hahnemann.

Belladonna is ready to start, agaricus is ready to rest, borax is resting and fears to be disturbed.

## Correspondence.

### THE NEED OF AN INTERNATIONAL PHARMACOPŒIA.

59 MOORGATE STREET, LONDON, NOV. 30, 1886.

SIR:—In your November issue you publish some comments by Mr. A. J. Tafel on a paper which was read by me on the above subject at the last International Homœopathic Convention. May I be allowed to make a few remarks in reply thereto, which I trust will not encroach too much on your valuable space.

Mr. Tafel points out that my zeal has led me to make "several questionable statements," and possibly this may be so, for I have not had the advantage of a full criticism of the views I have advanced, which, however, are not merely theoretical, but are based upon five and twenty years of close observation in the pharmaceutical laboratory, during which period I have made a great many experiments and become acquainted with the various pharmacopœias, not in the loose manner which Mr. Tafel supposes, but by constant reference to the numerous articles throughout these works; and I may add with reference to the *American Homœopathic Pharmacopœia*, that far from undervaluing it, I consider it, on the whole, an excellent homœopathic dispensatory, and, as such, it is much superior to any other with which I am acquainted. As to its processes, the case appears to me otherwise.

Mr. Tafel objects to my statement that "one of the chief errors of the American and the Polyglot Pharmacopœias is that which recognizes the mere watery juice of the fresh plant as officinal, omitting from the preparation all substances soluble in spirit," the more so, as only 45 fresh plants are made by merely mixing plain alcohol with their juice. But the remarks quoted were intended to apply to these only, and on taking a cursory glance at the Pharmacopœia, I find the following names included in this number, viz.: Aconitum, Belladonna, Bryonia, Chamomilla, Chelidonium, Cicuta, Conium maculatum, Cyclamen, Digitalis, Drosera, Hyoscyamus, Millefolium, Sambucus, Taraxacum, Teucrium. Now, it would be interesting to know the aggregate quantity of these remedies prescribed in comparison with that of all the rest of fresh plant tinctures of the Pharmacopœia and their relative importance.

It may be "generalization with a vengeance," but I venture to think that the latter quantity, if more than equal to the former, would be found to be not more than double or treble at the most.

Mr. Tafel asks, "Is it to be supposed that the structure of a plant can possess any constituents which are not also to be found in its sap



or juice,—just as all constituents of the human body are known to be also found in the blood?” Why not extend this question further and ask, “Since all material beings and things on our own planet are composed of 70 or 80 elementary substances at most, what need have we for more than this number of remedies in our *materia medica*?” The juices of plants, like the human blood, evidently undergo very great changes in the centers of chemical activity, which perform the various functions of nutrition and development. Prof. Bentley says (*Manual of Botany*, 4th ed., p. 777): “By the alterations produced in the watery contents of green leaves, etc., by exposure to air and light, the matters which they contain are left in a very active chemical condition or in a state prone to change, and therefore freely combine together. By this means the different organic compounds are produced, which are concerned in the development of new tissues; and in the formation of others, such as resinous matters, various acids, numerous alkaloïds, coloring matters, etc., which, so far as we know at present, perform no further active part in the plant, and are accordingly removed from the young and vitally active parts, and either stored up in the older tissues as *secretions* or removed altogether from the plant as *excretions*.” Now, it is such matters as these which, to a great extent, constitute the active ingredients in medicinal plants and which are, in many cases, insoluble in water, but soluble in alcohol. Resins, oleo-resins and many alkaloids would be almost entirely excluded from the expressed juice of a plant strained through “a piece of new linen” (the press bag) and the addition of alcohol to this juice would of course add nothing to it unless passed through the pressed marc.

My contention is that this state of affairs should not continue—that it is better to make our tinctures represent as nearly as possible the drugs from which they are prepared, so that we may be able to say what their composition and strength is as compared to triturations of the same drug in the same manner as we can affirm that the tincture of *Nux vomica* (P. H. B.) is exactly the same strength as the 1x trituration (comparing minims with grains), for the drug is entirely exhausted by the menstruum used, which contains all the alkaloids in solution. How can we do this with respect to *Chelidonium*, for example, when prepared according to the American or Polyglot pharmacopœias? It is impossible even to guess with any approach to certainty the relation existing between the tincture and trituration of this plant without adopting the simple plan of drying a sample of the fresh plant and standardizing the tincture.

Commenting on the words, “*many of the symptoms of the provings*

have been obtained from the plants themselves or their flowers, roots, etc., having been eaten by mistake or otherwise," Mr. Tafel writes: "Now, as to provings having been obtained *mainly* from reports of poisoning," etc., [the italics are mine]. This deduction is hardly justified. The experience of Mr. Tafel's eclectic friend with regard to the variation in the quantity of *macrotin* obtained from a root grown during a wet season, goes to support my contention that while absolute accuracy is unattainable, we ought to endeavor to secure an approximation to it. If, as Mr. Tafel shows, a root which contained an excessive amount of juice was deficient in active principle when dried, the addition of alcohol, according to the quantity of juice pressed from it, would still further decrease the relative strength of the tincture.

Yours faithfully,

JOHN M. WYBORN.

1011 Arch Street, Philadelphia, Dec. 16, 1886.

Through the kindness of the Editor I was accorded a perusal of Mr. Wyborn's courteous reply to my article in the November number of this journal. Not much that is new can be said in reply.

Mr. Wyborn still maintains as of paramount importance, the proposition that a tincture of a given drug should be so proportioned that its dilutions correspond with the respective triturations of the crude drug. As an example where this can readily be done, he cites *Nux vom.*, while *Chelidonium* is mentioned as showing the inaccuracy of Hahnemann's methods. The force of this argument is not apparent. Why should the profession not continue to use tinctures from fresh plants, and their dilutions, as they have done with good success for so many years? Why substitute triturations, which previously were intended to render soluble and medicinally active, substances that were inert, or nearly so, before.

Again, Dr. Wyborn does not accept the truism that the sap of a plant must of necessity contain all the elements of the plant itself. Granted for argument's sake that he is right, it but follows that the tincture made from the sap of the plant contains all constituents of the same that were proved; and the consistent pharmacist's first duty must ever be to reproduce as near as possible, the identical preparation with which the provings were made. For, otherwise, the symptoms elicited cannot be covered, to the resulting disappointment of the physician at the bedside. It is patent that *a re-proving must precede any material change in the preparation of a given remedy.*

In allopathy it may be fit and proper to change or perfect, if you please, in many ways, their medicinal preparations, for they are used empirically; in homœopathy we are forced to be conservative, and as



long as the old provings are the guidance in the selection of the remedies, so long must the preparations dispensed correspond as closely as possible with those used in said provings.

It will be observed that the *British Hom. Pharm.* very loyally retained and preserved the peculiar directions for the preparation of remedies such as Causticum, Calcar-acetica, Calcar-carb., etc. There are better and purer preparations of acetate and carbonate of lime in the market, but the old directions are retained for the reason that the very impurities of the product may have produced the most characteristic symptoms elicited by the provings. Just so with the tinctures under consideration; the very absence of "secretions" and "incrections" (see Bentley) from the sap of the plants, may be requisite in order to produce the symptoms recorded.

Dr. Wyborn further contends for the necessity of knowing previously how much of the soluble constituents of a plant are contained in a given quantity of tincture, and to this end the homœopathic pharmacist is required to ascertain the precise amount of moisture contained in a lot of plants when gathered and reduced to pulp, in order to apportion the requisite amount of alcohol to be added; an operation which is facilitated by a series of tables given in the *Br. Hom. Pharm.* Why all this complication? The large majority of physicians prescribe their remedies in the form of dilutions. Now can any one seriously maintain that the difference in the amount of the drug contained in the 5th or 6th potency, or in the 12th or 15th, is of any practical importance? or that a physician giving the one for the other potency will find an appreciable difference in its action? Or, again, even if a perceptible difference exists in the drug (?) power of the 1x dilution, and in the say five-drop doses of a mother tincture, that this difference can be very important, provided the plants have been gathered at the proper season and from their natural habitat? This is really much to be doubted, and probably with the exception of the four or five hundred practitioners of Great Britain and its colonies, all the rest of the homœopathic physicians of the whole world, comprising over eight thousand, have all these many years been practising homœopathy quite as successfully, although the lower dilutions and tinctures they use may and do vary with a dry or wet season.

But too much of your space has, I am afraid, already been occupied. The consideration of an International Homœopathic Pharmacopœia is in competent hands, and it is sincerely to be hoped that true conservatism, which appears to be so necessary in this case, will not be lost sight of.

A. J. TAFEL.

## THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

EDITOR HAHNEMANNIAN MONTHLY :

Your readers were informed of the organization and of the first and second meetings of the Southern Homœopathic Medical Association, and would doubtless be interested in hearing something of the last meeting.

The members from Kentucky, Tennessee, Georgia, Alabama, Mississippi, &c., left a snow-coated region, and found a charming change when they saw the Crescent City wearing her most smiling aspect, and her people—especially the homœopathic portion—in the most hospitable mood. The local committee had been active in arranging for the convenience and success of the meeting, and expressed themselves as well repaid by the result—the satisfaction of all concerned.

This third session was voted the most agreeable and efficient for good, of all the meetings. The friendly and fraternal greetings were more pronounced and enjoyed; the papers were more numerous and interesting; the discussions more general, lively and profitable; and altogether, every one felt that it was well he was there. This was evidenced by the fact that there was entire unanimity in the selection of New Orleans for one more meeting, next December, before going elsewhere, which elsewhere, the following year will, from indications, probably be Nashville.

From other sources—chiefly I presume, from the Southern Journal of Homœopathy, whose enthusiastic and irrepressible Fisher was of course on hand, you will get an account of the proceedings of the meeting—my part being simply a notice of the same, and of the good feeling that prevailed.

It is manifest that members feel an increasing interest as they continue to attend such meetings; they find comfort and advantage from them, and resolve upon further attendance, and the cause is certainly benefitted in one way or another as the result. A number of the members of this Association are at the same time members of the American Institute of Homœopathy, of which the Southern Association is an adjunct, and in which it has representation. A number of others have signified their intention of joining the American Institute of Homœopathy at its next gathering at Saratoga.

The popular assemblage that attended the address of President A. L. Monroe, upon "Homœopathy, and its Claims to Public Sympathy and Patronage;" and of J. P. Dake, M.D., upon "The Relation of the State to the Medical Profession," was excellent in quality and number. Dr. Dake is one of those veterans whose attendance at any of the societies is always an appreciated honor.

Fraternally yours,

F. H. ORME.



## Editorial.

### THE HAHNEMANNIAN FOR 1887.

The closing number of the HAHNEMANNIAN for 1886, announced that the Hahnemann Club had disposed of the journal, and that hereafter it would be published under other auspices. This announcement, however, does not imply a change in the management, because it happens that the transfer was made to the two individuals who have heretofore held the positions of editor and business manager, and who will continue, in their respective departments, to supervise the work and to labor for the interests, the usefulness and the improvement of the journal.

The old friends of the HAHNEMANNIAN will have observed, even before this mention of the fact meets their eyes, some pronounced changes in the journal pages, and of these we wish to speak very freely, because it can rarely be wise to change the general appearance of an established journal (which comes regularly before its readers like the face of an old familiar friend), without giving excellent reasons for the change. These reasons we hope will commend themselves to both readers and contributors.

It has long been our conviction that the smaller (brevier) type used in the journal is too small for two special classes of readers, viz.: those whose eyes are growing dim in the waning light of advancing years, and those others, still young and vigorous, who consume the midnight oil in "much study." These two classes form a large proportion of our readers, and it seems to us that to their needs the improvements in the journal should be especially adapted.

The change to a larger type necessi-

tated a corresponding increase of space. How this was to be secured,—whether by an enlargement of the page, or by an increase in the number of pages—was a subject of careful consideration, and was finally decided in favor of the first-mentioned plan. In connection with this change it was determined to arrange the smaller type in double columns, *first*, to reduce the amount of waste space in printing the briefer items, and, *secondly*, to increase the reader's facility in following the lines. It was, however, decided to retain the old single-column pages for the Contributors' Department, and care has been taken to avoid changing the familiar appearance of the cover title-page.

A careful calculation shows that under the new arrangement, each number will contain an increase of reading matter equivalent to about eight or nine pages of the old issues, or an addition equal to one hundred pages per annum. This nett increase will enable us, we hope, to treat our contributors with more consideration than we have been able to show them heretofore.

A word respecting the policy of the journal. It will be our aim and our pride to publish a periodical representing and defending the interests of the homœopathic profession, far and near. No clique or faction, no party or ring, and no merely local influence or interest will be permitted to monopolize its pages or to direct its energies. Courteous discussion of questions in dispute will be not only accepted but invited. The journal holds the view that scientific questions are open questions and that they always will be. Its sharpest volleys will be aimed at the enemies of progressive medicine and the foes of professional freedom, and *generally* at

those *outside* the homœopathic ranks. Homœopathic societies, colleges, hospitals, journals and books will be, as they ought to be, objects of its special attention, and all items of interesting news in relation to them will be gladly received, and will promptly find a place in our pages.

The HAHNEMANNIAN MONTHLY holds to the opinion that, however we may long to see the medical profession united in one harmonious body, it is folly to expect such a consummation except upon the basis of the universal recognition of the "liberty of medical opinion and action," and the universal acceptance of the central principle of Homœopathy as an essential part of therapeutic science; that until this broad and strong foundation is first laid, no permanent superstructure of unity is either possible or desirable. And it holds that until that time, homœopaths are bound, under the strongest moral obligations, to maintain their special title and organization, their separate institutions of learning and of hospital benevolence, and their distinctive literature, and to use these agencies—one and all—in developing and establishing those peculiar medical and professional doctrines which they believe to be true and ethical.

If any reader imagines that the journal is not sufficiently cosmopolitan, we invite him to note the list of contributors to the current number, and the quality of their contributions. And yet it is neither unnatural nor improper that its pages should contain all the homœopathic news from its own city, even while it publishes from other places only so much as it can obtain. In this respect it will be wonderfully like any other periodical.

Such is an outline of our plans for the HAHNEMANNIAN for 1887. We shall be disappointed if our readers and contributors are dissatisfied with it.

## THE PRETEXT FOR INTOLERANCE.

About the heaviest burden that the allopathic school of physicians is obliged to bear is the consciousness of its unethical attitude towards the medical profession as a whole. Its incessant squirming under the pressure, and its constant endeavors to rid itself of the unsightly load furnish an unfailing source of amusement to those unfeeling homœopaths who take the trouble to observe its grimaces and contortions.

Almost every contribution and editorial on this subject, appearing in allopathic journals, reads like an apology. Underlying all of them, yet not concealed, there runs the confession that public sentiment, professional honesty, and the cause of medical unity and progress, are crying out in condemnation of a rule which originated in hate and is perpetuated in moral cowardice, against the better judgment even of its own loud-mouthed champions.

One of the latest of these apologetic essays appears in a recent number of the *Kansas City Medical Index*, from the pen of a recent graduate of Harvard. Young as the writer is, he is as thoroughly drilled in the peculiar sophistries of his peculiar sect as the oldest of his teachers. He misrepresents both homœopaths and allopaths in the same way that hundreds of others have done before him. For instance, he asserts that "the essential doctrine of homœopathy is, that every substance in the universe when administered internally is capable of producing a chain of effects," by which he means morbid effects; that homœopaths "hold strongly to the belief that the power or virtue of the drug used, increases in an inverse ratio to the smallness of the dose," and that "the action of a drug can never be learned by watching its effects on sick persons." He gravely affirms that a



physician who "makes use of the aids actually furnished by anatomy, physiology, pathology and organic chemistry in forming a diagnosis and determining proper treatment, is mistaken in styling himself a homœopathic physician," etc., *ad nauseam*.

Before the reader contemns the adolescent who could pen such a display of ignorance, he should remember that more than one gray-headed allopathist has said and written things equally silly about modern medicine. Why should not the youth echo the follies of his teachers? The fact that he is mimicing the utterances of older and more influential fools is what makes his own folly worth answering.

Our youthful echo says further of the "schools of medicine" that "their name is legion," and he instances allopathy, homœopathy, hydropathy, eclecticism, antipathy, isopathy, etc. He then, with the confidence and assurance of a much more experienced deceiver, endeavors to delude himself with the idea that his own narrow sect (of which he does not even know the correct name), comprehends that which is beneficial in the treatment of diseases in *all* of them, and he says also that "all of them have certain applications in medicine." He forgets that but a few paragraphs ago, he mentioned a consultation between an allopathist and a homœopathist, in which the former "objected to having any so-called homœopathic drugs considered in the discussion." He also forgets that his code of ethics, which, he confesses, has more control of his acts than his conscientious convictions have, forbids him to employ homœopathy in his practice, no matter what "applications in medicine" it may have. *That* is the way in which his sect "comprehends that which is beneficial" in all the schools.

The young man about whose learned

(?) essay we are writing, was a member of the Boylston Medical Society of Harvard, at the time Dr. Conrad Wesselhœft delivered his unanswerable address on homœopathy before that body—an address which allopathic journals were afraid to publish. He, at that time, had an excellent opportunity to learn much about modern medicine, but failed to do so. The inference is irresistible that he, possibly also most of his fellow-students, invited Dr. Wesselhœft to address them, not for the purpose of acquiring knowledge, but to discover if there were any weak places in the defences of homœopathy, through which it might be successfully assailed. Yet it is difficult to believe, that in a large class of medical students, the whole number should manifest such a degree of incapacity as is exhibited by the essayist whose article we have been criticising.

#### THE CYCLOPÆDIA OF DRUG PATHOGENESY.

Of all the indications of progress made by the homœopathic profession during the year 1886, there are few, if any, more gratifying and more encouraging than the completion of the first volume of the *Cyclopædia of Drug Pathogenesis*. As the successive numbers of the work have appeared, there comes renewed evidence that the work of preparation is in skilful and conscientious hands, and that the profession did wisely in placing the gigantic trust in the custody of Drs. Hughes and Dake and their colleagues of the Consultative Committees.

The homœopathic profession seems to have been gradually reaching the conclusion that the therapeutist of the future will be obliged to study the *materia medica* as a thinker, and not alone as a mere memorizer; that he must obtain both a broader and a deeper conception of the *quality* of the drugs with

which to combat disease; and that such a comprehensive grasp of the subject cannot be secured by any amount of study from the class of text-books upon which physicians have been obliged, until now, to depend. Successful as our practitioners are, as compared with old-method prescribers, it must be admitted that in our efforts to apply what we believe to be an infallible law, we too often miserably fail. The reason must be looked for, not in the principle on which we prescribe, not in drugs at our command, but in our inability to select the one adapted to the case in hand. Our physicians may boast, and some of them do, of their wonderful skill and success in prescribing, but their neighbors know, full well, that they fail often just like the rest of us. And they and we will continue to fail, and fail often, until we obtain not merely a broader, but a better knowledge of the properties of drugs. Toward this end we ought to expect very much from the results of the labors of Drs. Hughes and Dake, simply because the mode in which the *Cyclopædia* presents the subject of drug-action is the scientific and natural mode, and must constitute the basis of any perfect knowledge of drug-effects that we can ever hope to obtain.

The physician who is not a subscriber to the *Cyclopædia* is robbing himself of precious help in his daily work, and of the pleasures that come from participating in the promotion of homœopathic science.

#### THE PHARMACOPŒIA DISCUSSION.

In reference to the proposed International Pharmacopœia, and the standards and rules to be adopted in connection with it, an interesting and profitable discussion is going on between Messrs. Wyborn of London, and Tafel of Philadelphia. Viewed from the standpoint of the pharmacist, it is probable

that no two individuals could be found better qualified, by study and by experience, to present the needed facts and arguments bearing on the questions at issue, and there is reason to believe that the papers heretofore presented in the homœopathic journals of this country, as well as the two published in the current number of the *HAHNEMANNIAN*, will elicit the careful attention of the profession.

There is not the slightest question that something can be said in favor of the view held by each of the distinguished gentlemen engaged in the discussion. The profession is, of course, interested only in obtaining from the controversy every possible item of information as a guide in its work of preparing the new pharmacopœia. It is not enough that the subject be carefully studied by the American and European Committees having the matter in charge. The subject must come up for consideration in the different national societies and the decision to be finally arrived at must be by the vote—intelligent or otherwise—of the rank and file of the profession. And the profession, if it be wise, must decide these questions chiefly from the standpoint of the practitioner. Messrs. Wyborn and Tafel recognize this necessity, and shape their arguments with a view to meet it, and thus to aid the individual physician in arriving at wise conclusions. It is to be hoped that these and other capable pharmacists will continue the public consideration of the subject of an authoritative pharmacopœia in all its details.

#### OUR BUSINESS DEPARTMENT.

Last month the business editor published in the advertisement department of this journal, a list of the colleges, fourteen in number, with the name and address of the dean of each of them. It will afford a ready means of reference



to those desiring to communicate with any or all of these institutions.

This month he begins the publication of a complete list of all our societies, national, sectional, state and local, with date and place of meeting of each, names and addresses of their officers, etc., as far as he can obtain by correspondence. He proposes also to publish a complete list of the homœopathic pharmacies of this and other countries and of the specialists of our school of practice and other lists from time to time. All these lists will be given in the advertising department, and will be valuable for general reference.

A careful supervision of the advertisement pages, we regard as a duty alike to reader and advertiser, but especially to the latter. No legitimate advertiser likes to find himself in questionable company, and the business editor is aiming to secure a class of advertisements against which no reasonable criticism can be raised. It may—it *will*—take time to accomplish this work, but a great advancement has recently been made in this direction, and the establishment of more restrictive lines has already excluded several pages of advertising matter from our journal.

Our subscribers can greatly aid us in this work. If we had five hundred additional paying subscribers our journal would be in a great measure independent of all advertising patronage save that of the most select character. If each present subscriber should make just a little effort in this direction, the requisite number could be quickly obtained, and the whole question solved to the full satisfaction of the most fastidious reader.

#### AN INVISIBLE ENEMY.

An excellent work is being done by the *Annals of Hygiene* by the publication and illustration of defects in the drainage and sewerage of dwellings. The illustrations are made to exhibit the accu-

mulations and movements of dangerous gases, and the means by which they reach and imperil the unsuspecting inmates of comfortable homes. One of these illustrations, published in the December issue, represents the demon of the sewer mounting the staircase, like a stealthy midnight murderer, entering the chamber, and aiming his black dart at the breast of an unconscious sleeper. To some it may seem like an overdrawn picture, but it represents an event repeated in the households of every large city with appalling frequency, and resulting, in multitudes of instances, in the production and propagation of zymotic disease.

#### Notes and Comments.

The H. M. wishes you a happy New Year!

New York city has thirty-one medical societies.

The brain of Gambetta weighed but thirty-eight ounces.

The case of yellow fever discovered in New York last September, was the first in ten years.

The three-term course of study is obligatory in forty-one American medical schools.

The twelve medical schools of London have this year an aggregate of 623 new students.

A case of delirium tremens in a young girl, caused by chewing tea-leaves, is reported in the *Lancet*.

*El Shifaa* (The Cure) is the title of the only medical journal published in Egypt. It is printed in Arabic.

Lawson Tait is forty-one, measures five feet nine, weighs two and a quarter, and operates before breakfast.

The *Homœopathic Journal of Obstetrics* has just completed its eighth volume. What a fresh, crisp, instructive periodical it is!

A London Justice recently sentenced a man to five years at hard labor for knowingly infecting a woman with syphilis. It is high time!

Huxley thinks the typical adult male should weigh one hundred and fifty-four pounds, three pounds of which should be brain substance.

The *Monthly Homœopathic Review* gives by far the best review of Dr. Dake's book that we have yet seen. That journal, by the way, is noted for its careful and thorough reviews of new homœopathic publications.

Is it consistent for a homœopathic journal to offer a hypodermic syringe for fifty cents, as an inducement to new subscribers to place their names on the subscription list of said journal?

Dr. Karchevski, a Russian allopath, reports that he has successfully treated patients who had been bitten by rabid wolves, by the use of cantharides. This is another allopathic "new discovery" in therapeutics.

The library of the Surgeon-General's office contains over 75,000 volumes, and more than 100,000 pamphlets. No other medical library in this country can boast of half so great an accumulation.

The medical colleges of the United States have graduated over 33,000 physicians during the past nine years, and the present rate is about 4,000 per annum. It is doubtful if this number is in excess of the legitimate demand.

Tobacco, as a cause of muscular rheumatism, is mentioned by Dr. Edward Anderson, in the *Maryland Medical Journal*. He thinks there is evidence of a causative relation in a large number of cases, and says that all remedies prove unavailing until the use of the weed is discontinued.

Chevreul, the distinguished French chemist, has reached the centennial anniversary of his birth. He retains his mental faculties in full vigor, and still finds his delight in his books and his laboratory experiments.

By the recent decease of the widow of the late Erasmus Wilson, the Royal College of Surgeons comes into possession of about one million dollars, bequeathed by that distinguished physician.

The number of idiots in the United States increased from 34,527 in 1870 to 76,895 in 1880.—*Chicago Med. Times*. Now, when those miserable allopaths tell us that "homœopathy is dying out," we shall know how to explain it to them.

The students of the New York Homœopathic College recently played a game of base ball with the students of the College of Physicians and Surgeons (allopathic) and came off victorious. The *Chicago Medical Times* wants to know if this can be called "a triumph of mind over matter."

There was a time when the general practitioner was kept very busy criticizing the crudities of the eye and ear specialists. Reviewing recent volumes of society transactions, one cannot avoid the conviction that things have changed; for the best therapeutic papers are now found in the reports of the Bureaus of Ophthalmology and Otology.

He never subscribed for any medical journals, but he occasionally glanced at the sample copies sent him by benevolent publishers, and from them learned that electrolysis could cure urethral stricture. He procured an old magneto-electric machine that turns with a crank, and made use of a soft rubber catheter as the urethral electrode. The operation did not cure the stricture. He then resolved anew not to subscribe for a medical journal, as "they never told the truth, anyhow."

Professor Korndorfer, of Philadelphia, is expected to deliver an address before the Rhode Island Homœopathic Medical Society at its next quarterly meeting in January. The address will be on homœopathy, and the subject will be considered in its philosophical aspects. Those members of the society who have read Dr. Korndorfer's articles on "The Organon," as published from time to time in the *HAHNEMANNIAN*, may well anticipate a rich intellectual treat.

The appointment of Dr. Charles Mayer, a prominent homœopathic physician of Louisville, as a member of the Kentucky State Board of Health, reflects honor upon the judgment of the appointing power. Dr. Mayer will prove a valuable addition to the board's working strength. It may, we think, be safely predicted that his relations with the other physicians on the board will be fraternal and pleasant. Allopathic sanitarians and allopathic physicians are quite dissimilar people.



Carlyle writing to Dr. Stirling, then a young man, counsels him to "learn the indispensable significance of hard, stern, long-continued labor," and of silence. "Be in no haste to speak yourself," he says. "Why be *porous*—incontinent? Nothing can foment itself to clearness in a colander." "Avoid literature," he continues, "which, as a trade is the fright-fullest, fatalest, and too generally despicablest, of all trades now followed under the sun."

The pendulous abdomen observed in some women, is attributed by Czerny, of Heidelberg, to the want of proper bandaging after labor. He thinks the bandage may be advantageously worn for several weeks after confinement. We do not know how it is in Germany, but we have grave doubts if, in our own country, the bandage is properly applied and properly worn, except in a small minority of cases.

A writer in an allopathic exchange says, "The homœopath treats symptoms and not diseases." The statement betrays the writer's ignorance of the practice of his own school, as well as of the one he attempts to criticize. The homœopathist treats neither diseases nor symptoms; he treats patients. The allopathist, on the other hand, is notoriously given to the habit of treating symptoms; single symptoms at that. Pain, for instance, debility, constipation, abnormal temperature, gastric acidity, etc., are the isolated objects at which allopathic physicians habitually aim their prescriptions. Had the writer above referred to, spent his winters in Boston University instead of in Harvard, he would have learned that modern therapeutic science does not depend for its success upon any such miserable old-time make-shifts.

Under the portrait of a Texas rooster in full crow, the *Southern Journal of Homœopathy* says:—"What is this? This is a rooster. What is the rooster doing? The rooster is crowing. Why is the rooster crowing? The rooster is crowing because the editor of the *Southern Journal of Homœopathy* has a new boy at his house. Date, November 6th; weight 10 pounds. [This story will *not* be continued.]" Of course not. But we fully expect to hear of a new and revised edition now and then. We congratulate Dr. and Mrs. Fisher, and hope the young gentleman may become as useful a man as his father.

It seems to be no longer a question that the disease prevailing at Biloxi, on the gulf coast, is indeed a mild type of yellow fever. Somehow or other, the disease has found its way into our borders after having been kept at bay for seven or eight successive years. Perhaps, had Dr. Holt's suggestions been adopted and enforced along the entire coast, as they are at the delta of the Mississippi, our southern states would not now be threatened with a repetition of the horrors of 1878.

Medicine must shake off the idea of an orthodoxy and heterodoxy, and of sects and parties, and be willing to learn and unlearn, and to accept truth on its own account wherever and whenever found. Not so credulous as to accept what is not proven, nor so skeptical as to reject what cannot be denied—conservative enough to hold fast what is good, and progressive enough to get away from what is worthless—medical men should fearlessly follow logical methods wherever they lead.—Dake's *Therapeutic Methods*.

A VIRILE MEDICINE.—A writer in an exchange informs us that on several occasions, he has prescribed Belladonna for sterile women, and has found that, after taking the medicine for some weeks, they became pregnant.

AN OUTSIDE VIEW OF THE MEDICAL CONTROVERSY.—The London *Chemist and Druggist* has a recent editorial in reference to the Vaughan Morgan Prize Essay on Homœopathy, written by Dr. John W. Hayward of Liverpool. The journal above-named quotes from the essay certain portions showing that "General Medicine is fairly saturated with Homœopathy," and that the modern literature of allopathy, borrows or filches its most successful remedies from the homœopathic materia medica. Commenting on these statements, the editorial says: "No candid and intelligent observer can doubt that there is truth in this contention, or can question the influence which homœopathic investigation and teaching have had upon medical practice generally. Less still will such a critic be prepared to maintain that modern medicine has no more to learn. Why, then, does this astonishing jealousy against this one so-called heresy exist? Why is it that medical societies and medical journals are always ready to welcome and dis-

cuss any sort of new theory or new craze of any kind, while this particular one may never be so much as mentioned among them? Doubtless the reasons are many. Hahnemann himself had a singular talent of stirring up strife wherever he went, and his successors have inherited their masters' pugnacity. Then, too, whatever may be said of the foundation theory of their creed, the principle that a remedy provokes symptoms in large doses which it cures in small ones, it must be admitted that they have grouped around this central pillar some of the most fantastic notions which sane men have ever adopted. There is some reason in medical men who wish to discuss seriously, declining to admit to their societies others who have acquired habits of thought—and, unfortunately, of speech too—in which dynamization and infinitesimality are the most prominent features.

Dr. Hughes, who writes an introduction to this pamphlet, calls it an olive branch and a message of goodwill. One would like to see a sample of what he would regard as a firebrand. He hints that this may be the last appeal to the profession of this country for justice to, homœopathy. What will happen if it is rejected is only dimly suggested. 'The word *Convertimur ad gentes* may have to be heard again; and the outside world may have to enforce what now is asked in brotherly fashion of brethren.' As humble representatives of the Gentiles we can assure Dr. Hughes that we shall welcome the general explosion which he seems to anticipate, and that we will do our best to keep a ring for the combatants; but we do not yet see what we, the outside world, can do to make the brethren love each other and live in harmony to their own advantage and ours."

### New Publications.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-Second Annual Session, 1886. Philadelphia. H. Cadwallader, printer, 1886. Octavo, pp. 368.

The Publishing Committee consisting of Drs. Clarence Bartlett, J. F. Cooper, and Horace F. Ivins, are deserving of praise for the prompt issue of this volume as well as for the elegant and thorough manner in which the task was performed. The volume, like its precedes-

sors, is printed in type similar to the larger type used in the HAHNEMANNIAN, and strongly bound in black cloth. The papers cover the usual variety of topics, some of them by the best writers of our school, and of great practical value to the practitioner. The only regret is that these papers, like those of other State societies, should be restricted in their circulation to so small a portion of the profession.

TRANSACTIONS OF THE THIRTY-NINTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Forty-third Anniversary. Held at Saratoga Springs, N. Y., June 28, 29, 30, July 1, 2, 1886. Edited by the General Secretary, J. C. Burgher, M.D. Pittsburgh. From the press of Stevenson and Foster. 1886. Octavo, pp. 938.

Besides the usual record of business transacted during the Institute session, address of the President, reports of committees, etc., the volume before us contains sixty-seven essays, some of them of a practical character, and presenting facts and suggestions of value and interest to any intelligent professional reader. A few of the Bureau Papers give evidence of having been "written up" for the occasion, while others consist in large measure of facts and observations originating in, or confirmed by the actual experience or study of the writers. The scientific essays and discussions occupy about 640 pages of the volume. It seems to us that the *discussions* of this most recent session of the Institute are more valuable than those of some previous sessions, but there is far too little of it.

OUTLINES OF THE PATHOLOGY AND TREATMENT OF SYPHILIS AND ALLIED VENEREAL DISEASES; By Hermann Von Zeissl, M.D., late Professor at the Imperial Royal University of Vienna. Second Edition, Revised by Maximilian Von Zeissl, M.D., Privat-docent for Diseases of the Skin and Syphilis, at the Imperial Royal University of Vienna. Translated, with Notes, by H. Raphael, M.D. New York. D. Appleton & Company, 1886. Octavo, pp. 414.

The translator speaks of the author of this book as "one who has devoted his entire life to the study of this disease, and whose experience is the result of observation and treatment of upward of thirty thousand patients in private practice and in hospital wards." Such being the case, it would seem that there must be but few physicians living,



competent to criticise the work; we certainly shall not attempt it. Sufficient to say that the author pays very great attention to the pathology of the diseases under consideration, bases his treatment upon his pathological opinions respecting them, points out their diagnostic indications with graphic clearness, and makes, in all respects, save in the matter of dynamic treatment, probably the best work on the subject in the English language. The mechanical execution of the work leaves nothing to be desired.

## Gleanings.

### Treatment of Stricture of the Rectum.

From a study of five cases of stricture of the rectum treated by himself, Dr. Albert E. Hoadley deduces the following principles: First, it is dangerous to practice division of malignant stricture of the rectum; second, division of a severe stricture of the rectum without dividing the sphincters is of little practical value and has no tendency to cure; third, division of malignant strictures with the sphincter gives great relief and tends to prolong life; fourth, division of severe non-malignant stricture with the sphincters gives great relief and tends to perfect cure; fifth, division of both stricture and sphincter whether malignant or non-malignant is not attended with danger. Therefore, we may conclude that in all severe strictures of the rectum, whether malignant or non-malignant, complete division of the stricture and all the tissues below it back to the tip of the coccyx, affords the greatest relief, and, of the non-malignant strictures, the best means of permanent cure at our command.—*Journ. of the Amer. Med. Assoc'n*, Nov. 27, 1886.

### Renal Lesions from Corrosive Sublimate.

At a meeting of the New York Pathological Society, Dr. J. W. Roosevelt exhibited specimens from a case of corrosive sublimate poisoning. S. B., æt 19 years, a colored domestic, took, May 5th, 1885, twenty-five grains of corrosive sublimate in solution. She vomited in five minutes. There was severe pain at once in the throat and abdomen. Severe purging began in an hour and a half. Some hours after the poisoning she passed urine containing twenty per cent. of albumen, and abundant granu-

lar casts, epithelial cells, pus and blood. The patient stated that her feet and hands had swelled occasionally during the past year. On May 8th, there was constant purging; one and one-half ounces of urine were passed. On the 9th, one drachm of urine was drawn with the catheter. On May 10th, the patient had fifteen stools, small in amount and containing blood. There were also vomiting of yellow fluid free from blood and great abdominal pain. The urine was very scanty and albuminous and contains granular and epithelial casts. On the 12th, the patient died in collapse, after continued purging, vomiting and abdominal pain. She was delirious the night before death, but she became rational in the morning. The stools, on the day of death, were of a dark slate color and fluid. The autopsy showed the following conditions: Visceral peritoneum injected and dry, and coated with fibrine, especially over the great curvature of the stomach and lower end of the ileum. The mesenteric glands were enlarged. The liver was soft, slightly mottled, red and yellow, and the cut surface was slimy. The kidneys were a little enlarged. The capsules were not adherent. The surface was smooth, and the cortex somewhat thickened, yellow and granular in appearance. Under the microscope, there seemed to be no infiltration of the stroma with cells. The epithelium of the convoluted and some of the straight tubes was in places cloudy, swollen and granular. In some of the tubes the lumen was, in some parts of its course, filled with closely packed, round, homogeneous bodies, which showed no sign of structure or nucleus. These bodies stained deeply with eosin. Toward the distal end of the tube they seemed in places to have fused and formed bodies looking like hyaline casts. The tubes were denuded of epithelium in these places. These bodies were shown to be altered epithelium. In some places the tube was simply filled with granular detritus. This hyaline appearance might be due to hyaline degeneration or to coagulation necrosis. In some tubes, small flat cells could be seen, which seemed to be newly growing. The cells of the capsule of Bowman were swollen. The mucous membrane of the stomach was swollen, reddened, coated with mucus, and showed numer-

ous punctate hæmorrhages. The mucous membrane of the upper part of the small intestine was injected and coated with mucus. In the lower two yards of the ileum, were quite numerous patches about one inch square, of gray appearance and covered with a false membrane. The large intestine throughout showed patches of false membrane, especially on the folds of mucous membrane.—*The Medical Record*, Nov. 27, 1886.

#### **Suspected Injury to the Vesiculæ Seminales.**

Mr. G. Harrison Younge, reports the case of a man who was thrown from his horse and sustained a severe contusion over the sacrum. There were great swelling and ecchymoses, but no signs of any deeper injury; under rest and warm fomentations these disappeared in about a week. About ten days after the accident, he began to suffer from priapism, with nocturnal emissions. On the first occasion on which that occurred, his night-clothes were deeply stained with blood in the morning. On the second occasion, the semen was examined. It was of a deep reddish-brown color, and appeared to consist of small semi-isolated masses. These showed little tendency to coalesce. Under the microscope, the color was seen to be due to broken down blood corpuscles. The emissions continued for a fortnight, till the semen gradually became normal in color; then they ceased.—*Brit. Med. Jour.*, Nov. 20, 1886.

#### **An Improved Trocar for Paracentesis Abdominis.**

The frequent occlusion of the canula by intestine or omentum in the operation of tapping has suggested the following device: The stoppage generally occurs when about a pint of fluid has been withdrawn, and various manœuvres are resorted to, such as the endeavor to float away the obstruction by changing the patient's position, or the dangerous one of introducing a probe through the canula—and generally without success. This device is a smaller and longer canula introduced into that already in position in case there is a cessation of flow. It is blunt and provided with two long fenestra. In the latter, are springs which expand and push away the obstruction on emerging from the original

canula, and which are so solidly soldered as to offer no danger of breaking off in the abdominal cavity. In none of the operations performed with this instrument, has the gut become incarcerated or wounded.—*Annals of Surgery*, November, 1886.

#### **Emotional Icterus accompanied by a General Eruption of Lichen.**

Dr. Negel (*Le Progres Med.*) reports the case of a young man who had a urethral discharge and a herpetic eruption on the mucous membrane of the prepuce. He cauterized the latter with nitrate of silver. This led to an acute balanitis, going on to gangrenous ulceration. He was terribly alarmed lest the whole organ should slough away. His urine became dark in color, the fæces pale, and a general and intense icterus was manifest. An eruption of lichen then supervened. Under treatment the balanitis and the biliary derangement disappeared in three weeks, but the eruption remained for some time longer. This observation appears to the author interesting from the point of view of the nature of icterus and lichen. The liver and other organs were healthy, there had been no gastric excess or history of cold; one can only put down the cause to a strong moral emotion, induced by fear. At the same time the patient was of an herpetic nature and the moral perturbation acted only as an accidental agent in making appear the manifestation of a constitutional diathesis.—*Annals of Surgery*, November, 1886.

#### **Treatment of Uterine Fibromata by Electricity.**

At the French Surgical Congress, Dr. Apostoli read a paper supplementary to a memoir published two years ago, in which he urged the claims of his methods of the electrical treatment of uterine fibromata, as being novel, rational and easily borne by the patient. The treatment is continued through a period of from three to nine months, the galvano-cauterization of the uterus being repeated at suitable intervals. The author claims to have obtained positive results in ninety-five per cent. of the cases treated. The tumors were reduced in many cases to one-half of their former value, but never entirely disappeared. The hæmorrhages were definitely arrested, and the signs of compression were made to disappear,



while the patients were greatly improved in their general condition. The cases of unsuccess were those of fibrocystic tumor.—*Medical Record*, Dec. 18, 1886.

#### Tissue Remedies In Diseases of the Ear.

Dr. Henry C. Houghton directs attention to the tissue remedies in diseases of the ear, as in his practice he has found them very useful:

*Calc. phos.* he finds of value in scrofulous diseases of children, affecting the bones or in general debility, malassimilation of even abundant food, in restoration of osseous structure after suppuration, and in delayed dentition. *Calcaria fluorica* in one case of caries of the roof of the auditory meatus gave a new reparative impulse when silicea and calcarea phos. failed to check the disease. *Ferrum phos.* in acute inflammation of the middle ear, acts better, more promptly and covers a wider range of cases without symptoms that are characteristic than any other remedy. When inflammation extends to the mastoid cells, and when cerebral complications arise, it is equally effective. It is also indicated in acute catarrh of the middle ear with decided redness of the membrana tympani, beating in the ear, every impulse of the heart being felt in the ear; pressive pains relieved by pressure, epistaxis, etc. The suffering is relieved by quiet in recumbent position and aggravated by sudden or continued motion, especially so the beating. In *kali mur.* Dr. Houghton believes we have the long-desired remedy for chronic catarrhal inflammation of the middle ear. It reduces swelling of tissue and guards against loss of substance. It acts upon the eustachian tube as promptly as does mercurius dulc., but in cases with radically opposite objective symptoms. When mercurius is indicated, the mucous membrane of the pharynx is dark red, thick, secreting a stringy mucous. In *kali mur.*, the mucous membrane is rather paler, thin, with multiple adenoid elevations, secreting white, tough mucous and a similar secretion is exuded from the posterior nares, causing a subjective symptom of obstruction associated with efforts to dislodge mucus by snuffing or hawking. *Kali sulph.* is similar to the muriate but the secretions are yellow and sticky. *Kali phos.* is

indicated in nervous phases of disease or degeneration of tissue, suppuration with dark foetid pus; in deafness of old people with subjective sounds or tinnitus from anæmia; nervous prostration. *Magnesium phos.* is indicated in spasmodic affections, in neuralgia or otalgia, neuralgic spasm of tensor tympani, earache with toothache; neuralgia following acute otitis.—*Trans. N. Y. Hom. Med. Soc.*, 1886.

#### Spermatorrhœa in Gonorrhœa.

In studying the causation of spermatorrhœa, Fürbringer finds that a previous attack of gonorrhœa is the cause of spermatorrhœa in the majority of cases, as compared with the neurasthenic spermatorrhœa. He has been able to determine this fact for himself by a careful examination, during four and a half years past, of the urine of patients under treatment for chronic gonorrhœa. In making his examinations, he has been careful to exclude cases in which the presence of a small quantity of semen could be attributed to natural coitus, or nocturnal emissions, or the practice of onanism, in the correct sense of the word, or of masturbation, as well as those cases in which straining at stool, or in any other way, has forced a little semen from the vesicles. Fürbringer has found in one hundred and forty cases of chronic gonorrhœa, no less than twenty-five patients with what he calls "latent spermatorrhœa," that is, with the presence of a few spermatozoa of gonorrhœal in the urine, totally unsuspected in themselves. Fürbringer's investigations seem to indicate that in the spermatorrhœa origin, the discharge is not mixed with the secretion of the prostate, is devoid of the characteristic odor of the seminal fluid and contains no Böttcher's crystals, while all these are present in neurasthenic spermatorrhœa.—*Medical News*, November 27, 1886.

#### Iodoform Rash.

Treves reports the case of a girl on whom iodoform was used, who developed a remarkable exanthem. It was first limited to the forearm, arm and shoulder. During the day of its appearance the patient had complained of intense headache and dizziness and of not feeling well. In the evening all these symptoms had disappeared. The forearm now was very

much less swollen and had ceased to be tender. On the next day the exanthem covered the left arm and shoulder, the greater part of the face, nearly the whole of the front of the chest, and some part of both sides of the neck. The right upper limb, the legs, the abdomen and the back were quite free. These papules were all of a less size than a pin's head and were set upon a pink erythematous base. They could be felt as well as seen and they were paler than the surrounding skin. The erythematous patches varied in size from a six-penny to half-crown piece. They were irregularly round and ran the one into the other. The margin of each patch was clearly defined. No constitutional symptoms accompanied this rash, which disappeared in two days.—*Analectic*, November, 1886.

#### Asphalgesia in Hysterical Patients.

Pitres has been carefully watching the case of an hysterical patient affected with hemi-anæsthesia of the left side. Pinching, burning or pricking her on the left side does not produce pain; but if she touches any copper article her hand contracts and intense pain is felt, which, if prolonged by contact with that metal, produces a convulsive contact. In two other cases, during wakefulness, the patients were unable to touch either silver or copper without experiencing the sensation of being burned. Dr. Pitres speaks of these curious phenomena under the title of asphalgesia. It is rare to meet with these symptoms in hysterical patients during the period of wakefulness, but they are very general during hypnotic sleep. In the greater number of patients, with whom it was possible to induce hypnotic sleep, it has generally been found that on their touching any metal, a painful sensation as of burning or of a violent electric shock was felt. Some patients only experienced these sensations on touching certain metals; others are affected in the same manner by touching any glass object. Generally, asphalgesia is present on both sides of the body, whether the patient be affected with only hemi-anæsthesia or hemi-analgesia; but no rule could be given for these symptoms, as, in some cases, painful sensations produced by the contact of metal may likewise be felt on the side of the body

where the sensibility is normal.—*British Medical Journal*, Nov. 13, 1886.

#### Supra-clavicular Adenopathy in Cancer of the Stomach.

The presence of swollen cervical glands is sometimes an indication of cancer of the œsophagus, lungs, pleura, or other inter-thoracic organs, but it is not generally recognized that a supra-clavicular adenopathy may be present also in cancer of the stomach. Several German and French writers have recorded instances of this kind however, and more recently, M. Troisier related three cases at a meeting of the Hospitals' Medical Society of Paris (*Concours Medical*). In two of the cases, an autopsy could not be made, but the clinical history left no room to doubt the correctness of the diagnosis. In the third case, cancer of the large cul-de-sac and pyloric end of the stomach was found but the œsophagus was not involved in the morbid process. The ganglia in the immediate neighborhood of the stomach were not degenerated, but those in the supra-clavicular region were manifestly cancerous. In each of these cases, during life several enlarged and indurated, but not painful, glands were noticed in the supra-clavicular region of the left side, behind and to the outer side of the sterno-cleido-mastoid muscle. Some of the glands were isolated, others confluent; they were not adherent to the skin, but could be rolled like marbles under the finger.—*The Medical Record*, December 11, 1886.

#### A Peculiar Form of Motor Disturbance of the Pupil.

Salgo describes a peculiar form of pupil which consists essentially of an irregular contraction of the muscular tissue of the iris, by which its pupillary margin assumes many different shapes. The pupil generally appears triangular or polyangular, with corners thickened and rounded out, resembling somewhat the slit-like pupil of the cat, or the irregular appearance caused by synechia. This kind of pupil reacts in a normal manner, but after each movement assumes a somewhat different form, so that the contracted pupil appears different from the same when dilated. The great majority of cases so far observed have been associated with general paralysis of the insane, though it has been



seen in chronic progressive psychoses, in which no paralyses could be detected. The author considers that it is much the most frequent pupillary symptom in general paralysis, and regards it as an expression of the varying intensity of innervation from the cortex.—*Medical News*, Dec. 18, 1886.

#### Idiosyncrasy With Regard to Tannic Acid.

Dr. James M. Williamson, of Edinburgh, reports the case of a woman to whom he gave infusion of uva ursi in combination with atropia, and who in consequence was seized with the following symptoms: Great dyspnoea; the patient sitting down and bending forward slightly, and laboring for breath. The dyspnoea was precisely that of an asthmatic paroxysm, and was accompanied at intervals by short, violent suffocative cough. There was no lividity, but the eyes were suffused, and patches of erythema were spread over the face and neck. The pupils were not dilated. Pulse 60, of average strength; skin warm, palms moisty, and tongue and throat were not dry. There was neither vomiting nor nausea. Patient's aspect was half-stupefied, half-anxious. Complained of confusion of thought, "as if not all there," and she felt as if her head had grown very large. She had suffered on other occasions from similar attacks from taking tannic acid. The author therefore attributed the symptoms in this case to the tannic acid which is contained in the uva ursi. Strong tea always produced with this patient marked nausea.—*N. Y. Medical Abstract*, August, 1886.

#### Reflex Nasal Cough.

Dr. E. Creswell Baber concludes from his observations respecting reflex nasal cough, as follows: 1. Reflex nasal cough is only exceptionally produced by probing the anterior part of the inferior and middle turbinated bodies and the tubercle of the septum. 2. In children it is not very uncommon to find that a slight hacking cough can be produced by irritating the anterior end of the inferior turbinated body. 3. The cough reaction may occur without erection of the inferior turbinated bodies and may be intermittent in character. 4. Reflex nasal cough and the act of sneezing are very closely associated, and proba-

bly represent different forms or degrees of the same irritation. The practical outcome of these considerations is, that in cases of spasmodic cough not otherwise to be accounted for, we should do well to examine carefully the nasal cavities in regard to the reflex irritability of their lining membrane.—*Practitioner*.

#### Naphthalin as a Cause of Cataract.

M. Bouchard made a communication for M. Charrin to the Paris Academy of Medicine, in connection with some experiments made on animals with naphthalin. The drug was administered to five animals, in two of which cataract appeared from three to twenty days. The animals received a dose equal to one gramme for each kilogramme of their weight.—*N. Y. Med. Journ.*, Nov. 20, 1886.

#### Pneumonia in Pregnant Females.

Dr. Edwin F. Wells believes that pneumonia is met with fully as frequently in the pregnant as in the non-pregnant female. He finds that his experience is contrary to the opinion usually held that pneumonia during pregnancy pursues a more acute, rapid and severe course. Before quickening, abortion rarely occurs, but after this time premature labor will take place in the majority of cases. In Dr. Wells' nine cases, there were two premature deliveries in patients with a temperature of not above 102°, and there were two others in which pregnancy proceeded to full time in which the temperature exceeded 104°. It is probable, therefore, that there are other factors equally potent besides the exalted temperature which determine delivery in pneumonic fever. Some have held that the interference of the respiratory function by pregnancy and pneumonic fever might be a cause of premature delivery. This, the author has never believed to be the case, although he holds that such embarrassment is an indication for the production of premature labor if the child is viable. In these cases, in which pregnancy does not cause any impediment to free breathing, he does not think that the condition exerts any influence indicating a modification of the ordinary treatment of the disease. Miscarriage, under these circumstances, is a decided evil. In cases in which it is

necessary to produce premature delivery on account of the interference with respiration, labor has rather a favorable influence on the pulmonary disease. The temperature and pulse decline and the other symptoms ameliorate.—*Journ. Amer. Med. Assocn.*, Dec. 18, 1886.

## News, Etc.

DR. CHARLES MAYER, a well-known homœopathist of Louisville, has been appointed by Governor Knott, a member of the Kentucky State Board of Health.

THE HOMŒOPATHIC HOSPITAL OF DETROIT, now in course of erection, will be a first-class institution in all respects. Two hundred thousand dollars have been given for the purpose of its establishment, by two prominent citizens.

ASIATIC CHOLERA has succeeded in crossing the Atlantic and has made its appearance in the Argentine Republic, in Paraguay and Rio Janeiro.

THE NEW SURGEON-GENERAL.—The President has appointed Lieutenant-Colonel John Moore, M. D., to be Surgeon-General of the army, *vice* Surgeon-General Robert Murray, retired.

DEATH OF PROFESSOR DYCE DAVIDSON.—On October 22, Professor Davidson, while lecturing at Aberdeen University, was seized with apoplexy and died within an hour. He was forty-five years old.

THE MEDICAL CURRENT.—Dr. Henry Sherry has resigned the editorship of the *Current* and Dr. W. E. Reed, formerly associate editor, becomes his successor.

THE MARYLAND HOMŒOPATHIC MEDICAL SOCIETY, at its recent meeting, received twelve new members and elected the following officers: President, Joseph Lloyd Martin, M. D.; Vice-Presidents, N. W. Kneass, M. D., and Thomas C. Sears, M. D.; Treasurer, Thos. Shearer, M. D.; Secretary, Irving Miller, M. D. The meeting was regarded as a very satisfactory and successful one, and professional interest in it is steadily growing. The next meeting will be in January, at which time several important

papers will be presented and discussed. The secretary's address is 1207 E. Monument street, Baltimore.

THE HOMŒOPATHIC HOSPITAL, at Minneapolis, recently netted seventeen hundred dollars at a fair held for its benefit. And what is perhaps more to the future good of the institution, public attention was thoroughly drawn towards it by the energy of those whose labors made the fair so complete a success.

THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA held its annual fair during the early part of December, and realized from the effort about four hundred dollars for the hospital treasury.

THIRD ANNUAL SESSION OF THE SOUTHERN HOMŒOPATHIC ASSOCIATION.—The third annual meeting of the Southern Homœopathic Association was held in Tulane Hall, New Orleans, December 8, 9 and 10, 1886. Dr. A. L. Monroe, of Louisville, Ky., the president, delivered an able address at the opening of the session, in which he dwelt at some length upon the antagonism of the allopathic system toward homœopathy in the South especially, and spoke in strong terms against the efforts at coercion and proscription in medical affairs by the enactment of sumptuary or class legislation, which the old school is attempting in several Southern States. The effect of such laws is exemplified by the comparative monopoly the allopathic school enjoys in Alabama, Mississippi, North Carolina and Virginia. In the latter State, homœopathy has lately secured her rights, and the antagonistic legislation secured by her opponents is practically a dead letter; but in Alabama and the Carolinas the old school laws are in full force and oppressive in the extreme.

The Committee on Legislation, Dr. F. H. Orme, chairman, reported that the laws are satisfactory, or, at least, are not inimical to homœopathists, in the following States: Arkansas, Tennessee, Kentucky, South Carolina, Georgia, Florida, Louisiana and Texas. They are chiefly laws requiring registration of diplomas from chartered colleges, of any school, as stated in the last report.

Complaint is made in North Carolina, Alabama and Mississippi, where there



are boards of examiners, all of the old school, which, whatever may be their arrangements for appearing fair, are from the nature of things, intimidating to applicants of other schools. The result is, as a matter of course, that few of our school enter those States.

The State of Virginia has a medical law, with regard to which Dr. J. V. Hobson, of Richmond, gives this information: The Board of Medical Examiners is composed of three physicians from each congressional district and two for the State at large, recommended by the Medical Society of Virginia and commissioned by the Governor, and of five homœopathic physicians recommended by the Hahnemann Society of the Old Dominion. A candidate for medical license is required to get an order for examination from the president of the board, for which he pays a fee of \$5, and then has a choice of any three members of the board for his examination. The certificates of three examiners are necessary to entitle him to license and practice anywhere in the State, which license is obtained from the clerk of the corporation or county in which he wishes to practice for the usual fee of \$1.

The report concludes as follows: Inasmuch as the American Medical Association has started a scheme for having a general medical law adopted by all of the States, looking, of course, to obtaining control of the licensing, as far as possible, by the one school of medicine which that association represents, it behooves all homœopathists to be vigilant and active in counteracting its efforts. Perhaps the best way in which this can be done will be by moving for a fair and liberal registration law, allowing all graduates of chartered colleges to practice.

While, theoretically, it would seem well to have boards to pass upon the work of the colleges—that is, to have the students of colleges to pass examination before those not interested in having large classes, and who are not passing judgment upon their own work—still, there are many difficulties in the way of this plan, the chief of which would be to procure efficient and impartial examiners. Beside this, it is not probable that any legislation can be secured against which all of the colleges would of course combine.

As matters now stand, therefore, our

best hope probably at last lies in the colleges. Their examinations will have to be accepted, and we must do what we can to keep them up to a good standard.

Dr. J. P. Dake, Nashville, Tenn., offered the following, which was adopted:

Whereas, the public health of this country, especially the protection of the people from the spread of infectious diseases, calls for the exercise of the best experience from different sections; and whereas, army and navy surgeons are not so brought in contact with the masses of the population and made acquainted with the varied health needs of different localities as to be the safest sanitary guardians;

*Resolved*, That we view with great concern the withdrawal, on the part of Congress, of the appropriations necessary to enable the National Board of Health to discharge its duties, and the persistent transfer of the work entrusted by law to its competent care to the surgeons of the army and navy; and further, that we, individually, make known our views on this subject to our several Representatives in Congress.

The following was also offered by Dr. Dake and adopted by the Association:

Whereas, the safety of the people in the Mississippi Valley, as well as along the Gulf coast, from the ravages of the yellow fever demands a watchful care and a prompt notification on the part of all persons having in charge private as well as public health interests;

*Resolved*, That the thanks of this association be tendered to Dr. Joseph Holt and the State Board of Health of Louisiana for their prompt and efficient action during the past summer, and that we commend the plans adopted by them for the detention and purification of all carriers of infection.

Dr. Walter Bailey, Jr., of New Orleans, offered the report on Homœopathic Statistics and Dr. Fisher, of Texas, presented a resolution expressing the appreciation of the Society, of the compliment paid by the American Institute of Homœopathy in the election of Dr. F. H. Orme, of Atlanta, Ga., to the presidency of the Institute.

Among the papers read and discussed were, one by Dr. Henry of Montgomery, Ala., on the Preparation and Use of the Higher Attenuations; one by Dr. Wm. H. Holcombe of New Orleans, La., on "Diphtheria;" one by Dr. Geo. M. Ockford of Lexington, Ky., on "Hygiene;"

one by Dr. C. E. Fisher of Austin, Tex., on "Gunshot Wounds of the Spine," and two by Dr. Jos. E. Jones, of San Antonio, Tex., one on "Lacerations of the Perinæum and their Primary and Secondary Surgical Treatment," and the other on "Infant Feeding;" one by Dr. E. A. Murphy, of New Orleans, La., on "Nephorrhaphy," and one by Dr. W. E. Green, of Little Rock, Ark., on "Excision of the Mammary Gland for Sarcomatous Neoplasms." All these papers were followed by general discussion. A resolution was adopted, condemning the indiscriminate and reckless use of alcohol and opiates in medical practice.

On the evening of the third day of the session addresses were delivered by Dr. Monroe, of Louisville, Ky., President of the Association, and by Dr. J. P. Dake, of Nashville, Tenn. The former address was upon "Homœopathy, its Claims to Public Sympathy and Support," and the latter upon "The Relation of the State to the Medical Profession."

The following officers were elected to serve for the ensuing year: President, Joseph Jones, M. D., of San Antonio, Texas; First Vice President, Walter M. Dake, M. D., of Nashville, Tenn.; Second Vice President, E. A. Murphy, M. D., of New Orleans, La.; Recording Secretary, C. G. Fellows, M. D., of New Orleans; Corresponding Secretary, C. R. Mayer, M. D., of St. Martinsville, La.; Treasurer, J. G. Belden, M. D., of New Orleans, La.

The next session will be held in New Orleans, beginning on the second Wednesday in December, 1887.

## Obituary.

DR. JAMES A. GWALTNEY died at his home in Baltimore, December 18, 1886. At a special meeting of the Maryland State Institute of Homœopathy, held December 20, 1886, the following resolutions were passed:—

*Whereas*, Under the dispensation of an all-wise Providence, our confrere, James A. Gwaltney, M. D., has been removed from our midst, and

*Whereas*, We, the members of the Maryland State Institute of Homœopathy, recognizing in Dr. Gwaltney a conscientious physician, an earnest

member of the Institute, and a devoted adherent to Homœopathy, do appreciate the loss his death has occasioned;

Therefore, *Resolved*, That we tender to the bereaved family our sincere sympathy, and that a copy of these resolutions be sent to them, and also be published in the medical press.

O. EDW. JANNEY, Secretary.

PROFESSOR CARL THEODORE LIEBOLD, M. D., died suddenly of apoplexy, on November 29, 1886, at his residence, 1271 Broadway, New York, at the age of fifty years. He was born in Schlessen, Germany, and emigrated to this country in 1859. During our civil war, he served as an army-surgeon, and at its close resumed practice as an ophthalmic specialist, in New York city. From that time until his death, he was identified with the Ophthalmic Hospital, as a member of its staff and of its corps of teachers. For the past fifteen years he served as a member of the Faculty of the New York Homœopathic Medical College, and filled the chair of Ophthalmology with rare fidelity and acceptance. His broad and thorough acquirements, his skill as a teacher, and his geniality of manner, made him a favorite alike with students and professors.

While Professor Liebold will be sadly missed, and his departure greatly regretted, it is gratifying to know that largely by his teachings and labors, our profession has been supplied with ophthalmic specialists, many of whom have risen to distinction in their chosen department. Thus his memory will live, and his works follow him.

Funeral services were held at the rooms of the Ophthalmic Hospital—a most appropriate arrangement—and hundreds of professional and lay friends and bereaved patients assembled to pay their loving tribute to his memory. The College Faculty, and the Class of '87, have adopted suitable resolutions of respect for the deceased.

PROFESSOR ALVAN E. SMALL, M. D.—As we go to press we learn of the death of the venerable Professor A. E. Small, M. D., of the Hahnemann Medical College, of Chicago, Ill. A notice of the deceased will appear in our next issue.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.


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 The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

### DO THE WHITE GLOBULES OF THE BLOOD MIGRATE DURING INFLAMMATION.

BY WM. A. HAMAN, M. D., READING, PA.

Inflammation, although more frequently observed than any other pathological process, has, for centuries, had its true nature hidden from the observations of man. Since the introduction of the microscope into pathological researches, great advances have been made towards the elucidation of its mysteries. Before the aid of this instrument was employed various theories were entertained by different factions of medical theorists, but since that time the vast majority proclaim adherence to the views of the celebrated German pathologist, Cohnheim. This gentleman's observations were the first to accurately acquaint us with the changes undergone by the vessels and their contents during the inflammatory process. The first mention of the observation of the escape of white cells from the vessels was made in 1842, by Dr. W. Addison. In 1846, Dr. Augustus Waller described the phenomenon more fully. This alleged discovery now passed into oblivion until 1867, when Cohnheim made it anew. The migration of leucocytes was a novelty and speedily became the almost universal-

ly accepted theory of inflammation. Prior to the promulgation of Cohnheim's views regarding the vascular changes in inflammation, the pus corpuscles were regarded as originating in the increased activity and multiplication of the connective tissue cells. This discovery of the migration of leucocytes added a new and important source of the pus corpuscles and these cells were then regarded as originating in the two ways, and such was the teaching of our text books and colleges but three years ago. At present the believers in the migration theory assert that "all new cells formed in the tissues as a direct result of injuries are escaped white globules,"<sup>1</sup> and that no increased activity and multiplication of the tissue cells occur; the chief opponents to this view are Stricker and Böttcher who, however, admit the possibility of the migration of red and white cells. The method of investigation consists in the display of transparent membranes of animals such as the web, mesentery and tongue of the frog and toad and the mesentery of the rabbit and guinea-pig, the induction of inflammation artificially and the observation of the changes produced. The tongue and mesentery of the toad and frog are preferred. The following is an epitomized description of the inflammatory changes as given by Ziegler. "The exposure of the mesentery to atmospheric air quickly sets up inflammation. The earliest vascular change is a general *dilation* of the vessels, first of the arteries, then of the capillaries and veins.—The *flow* of blood through the widened channels at first becomes *more* rapid; but sooner or later the speed diminishes, and at length the flow becomes *slower* than the normal. The individual blood cells, which at first were indistinctly seen as they hurried past, become recognizable, especially in the veins and capillaries. In these latter the blood begins to accumulate more and more as the current slows. In the veins of the peripheral layer of the current, usually containing plasma only, begins to be filled with white blood cells. These have left the axial stream, and float slowly on with the slower peripheral current; or, fastening themselves to the wall, they remain immovable or oscillate to and fro. This is described as the marginal or *peripheral disposition* of the white blood cells. At this stage the red cells take the place of the white in the capillaries. Before long the peripheral disposition of the cells is associated with another appearance. Here and there white blood cells throw out processes which pass into the vessel wall. Soon the processes appear outside the vessel and thereupon the whole protoplasmic mass of the cell passes through the wall.

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1. Green's Pathology and Morb. Anat., 6th ed., p. 240.



The white cells in this way escape, migrate or extravasate from the vessel (vein or capillary) by *diapedesis*. The first white blood cells which migrate are quickly followed by others, and in six to eight hours the veins and capillaries are surrounded by a multitude of white blood cells, or leucocytes, which gradually distribute themselves through the tissues by active locomotion. From the capillaries, in which the circulation becomes very irregular and often stops altogether, there escape red blood cells as well as white. This description of the inflammatory process as observed in the mesentery applies also to that produced elsewhere, as the frog's tongue, etc.<sup>1</sup> During March of last year a paper from the pen of Wharton Jones, formerly Fullerian Professor of Physiology in the Royal Institution of Great Britain was published, entitled "a remonstrance addressed to professors of physiology and pathology against teaching in their writings, lectures and occasional orations, that the white corpuscles of the blood escape from the interior of small vessels, until they have verified it scientifically by actual observations of their own as a fact in nature."<sup>2</sup> As this paper is the only one that came to my notice calling into question the correctness of Cohnheim's observations and as what is to follow will be more intelligible, I am sure I will be pardoned for quoting at length certain parts of this interesting paper. Wharton Jones is an English physician of note, who has paid much attention to experimental physiology and has made at least two discoveries of great importance. He was the first to demonstrate the amoeboid movements and change of shape of the colorless corpuscles of the blood,<sup>3</sup> and also that the veins of the bat's wings, which are furnished with valves, undergo rythmical constrictions of their calibre, whereby the course of blood in them towards the heart is promoted, while the valves with which they are furnished prevent regurgitation; he is the author of a work on ophthalmic medicine and surgery. He says "that white corpuscles of the blood escape from the interior of small vessels is a fancy which first arose from mistaking the nuclei embedded in the walls of the capillaries for white corpuscles in the act of boring through. . . With regard to the white corpuscles, the fact is that they do not shoot out processes while the blood is still within the living vessels. . . It is only in blood drawn from the vessels, as I showed in my papers in the Philosophical Transactions for 1846, that white corpuscles undergo change of shape by shooting out processes. As the form

<sup>1</sup> Ziegler's Text Book of Pathological Anatomy, Vol. 1, p. 139.

<sup>2</sup> London Lancet (American reprint), March 1885, p. 215.

<sup>3</sup> Kirke's Handbook of Physiology, Vol. 1, p. 80.

they thus assume is more or less stellate, it need scarcely be added, therefore, that even if the white corpuscles still within living vessels did shoot out processes, the stellate form they thus acquired would effectually interfere with their escape by any boring motion." Although Henry Green, in his work on Pathology and Morbid Anatomy, says "amoeboid movements have never been seen in the white corpuscles whilst within the vessels,"<sup>1</sup> agreeing in this respect with Mr. Jones, while an ardent upholder of Cohnheim's views regarding inflammation, I am positive that both are in error. I have demonstrated the contrary to my own satisfaction at least. During last September I had a smaller vein in the mesentery of a frog under a  $\frac{1}{8}$  inch objective (using a cover glass), with the draw tube out, giving me a power of at least 350 diameters; there were numerous white globules hugging the vessel wall while the axis of the contents of the vessel oscillated gently to and fro; the walls of the vessel were sharply outlined, the surrounding tissue being nearly free from stray globules, and the colorless corpuscles were clearly defined. I carefully and closely watched one white globule in the center of the tube; it was motionless but gradually changed its shape by shooting out processes and finally by imperceptible activity reached one side of the vessel and there changed from the circular shape to that of a square. I thought I was now going to witness migration, but in a short time it left the side of the vessel, resumed its circular shape, and returned to the center of the vessel where it let go its hold on the vessel wall and oscillated to and fro with the current, in company with the other red and white globules, thus showing it to be still within the vessel. I believe, the assertions of Messrs. Jones and Green to the contrary notwithstanding, that it was a bona fide instance of amoeboid change of shape and movement in a white corpuscle while still within a living vessel. I afterward observed the same phenomenon in the case of other colorless cells.

To resume Mr. Jones' paper. "Many years before Prof. Cohnheim promulgated the doctrine that an essential part of the inflammatory process is the escape of blood corpuscles from the vessels which are the seat of the congestion, it had been, as mentioned above, alleged that white corpuscles may be seen in the act of boring through the walls of capillaries. . . . In the course of my prolonged investigation of the mechanism of the circulation in extreme vessels, and on the state of the blood and the blood vessels in inflammation, made nearly forty years ago, my attention was constantly directed to see whether any escape of white corpuscles could be observed to take place from the interior of

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<sup>1</sup> Green's Pathology and Morbid Anatomy, 6th ed., p. 246.



vessels. And again when Cohnheim's allegations were published, I made a new and special investigation of the point; but I never could discover blood corpuscles, white or red, escaping from the interior of small vessels—arteries, capillaries or venous radicles. . . . In such English manuals of physiology and pathology as have come under my notice, the emigration of white corpuscles from the interior of small vessels is asserted as a well established fact. In one book it is stated that white corpuscles may be seen to escape from the interior of blood vessels and to enter lymphatics. In none of the works referred to, however, have I been able to recognize any indication that the accounts given had been drawn up by the authors from direct observations of their own. . . . Desirous of learning anything that might have escaped my notice on the point I have asked professors of note for information as to their experience of the matter. Some could not give me any confirmatory answer, though they did not venture to question Cohnheim's assertions on account of the reputation of himself and his followers. At last I found two professors who seemed to consider themselves competent to afford me the desired instructions. One of these gentlemen assured me that he was as certain that white corpuscles bore through the walls of capillaries and small veins as he was of his own existence, and to confirm his assertions forthwith made a diagram of the alleged phenomenon. In this diagram, however, I recognized a representative merely of the nucleus in the wall of a capillary vessel, such as I had delineated twenty years before the occurrence of the incident I speak of. The gentleman undertook, at my request, to demonstrate the actual fact, and politely invited me to visit his laboratory for the purpose. Here he displayed the mesentery of a frog under the microscope and, bidding me look, left me. I looked and saw, as I had seen before in my own microscopical examination of the mesentery of the frog, displayed, I venture to say, in a far more efficient manner for accurate observation, numerous white cells on the surface, but which were merely the cells of the peritoneal secretion and not escaped white corpuscles of the blood at all. In my own careful researches, undertaken for the purpose of satisfying myself of the truth, I never did detect the slightest indication of an escape of white corpuscles from any of the mesenteric venous trunks returning from the capillary system of the frog's intestine. . . . From the other gentleman whom I asked if he had ever really seen white corpuscles of the blood escaping from the interior of capillaries or venous radicles by boring through their walls, I received the most confident assurance that he had. 'Will you demonstrate the fact to me' I then said? 'Oh yes' he patroniz-

ingly rejoined, and then invited me to his laboratory for the purpose, I accordingly presented myself at the appointed time. He, however, did not present himself, but delegated a student to meet me, who displayed the tongue of a frog under the microscope and bade me look which I did and with the same result as in the other instance." In a subsequent paper Mr. Jones gives the name of this gentleman who failed to keep his appointment. He was no other than Burdon-Sanderson, the present Professor of Physiology in the University of Oxford; English physiologists and pathologists accept Cohnheim's views regarding inflammation because Burdon-Sanderson claims to have repeated and confirmed Cohnheim's experiments. This emphatic denial, by a man of original research and acknowledged ability, of the truth of a doctrine so universally accepted, made a deep impression upon me and made me desirous of repeating some of these experiments. If I was at all prejudiced it was in favor of the migration theory for, if correct, it signifies much in the pathology of inflammation. Having possession of the apparatus essential to the prosecution of this interesting study, I during last summer, made careful observations of twenty transparent membranes, including the web, mesentery and tongue of toads and frogs, which I prolonged until the animals died from the effects of curare which had to be injected hypodermically. I used the web but once, as on account of its thickness and the numerous pigment cells contained in it, its examination was not so satisfactory as the clear transparent mesentery. In making these experiments I followed the directions contained in Schäfer's work on Practical Histology. In some instances I relied on atmospheric air to light up the inflammatory process while in others I applied acetic acid, silver nitrate, crystals of copper sulphate and an iron heated short of red heat and in boiling water. I directed my attention to two subjects only, 1st, whether white corpuscles do change shape and position while still within the vessels; and 2nd, whether migration is observable or not. I have before stated that I am convinced that Messrs. Green and Jones are in error in denying the intra-vascular leucocytes the property of amoeboid change of shape and position. With the exception of the web, I invariably noticed, at the first glance at the exposed membranes, that there were free cells on their surfaces. These are the white cells which come, not only from the peritoneal secretion, as Mr. Jones observes, but also from the vessels, as red globules are also to be found among them; many of the corpuscles, without doubt, come from the vessels divided in opening the abdomen and from the pricks of the pins made in confining the mesentery to the frog plate. When the tongue is used, to which the preference is



given by some workers, vessels are also divided because the tongue in toads and frogs is not a solid body but contains in its interior a large lymph sac, the upper surface of which is used and is prepared by injecting the lymph space with a saline solution and then cutting through the thick mucous membrane on its under surface, and then through a fan-like layer of muscular fibers which traverse this lymph space; this unavoidably severs some small vessels. No matter how much care is taken in the display of these membranes, free cells will always be found on their surfaces, and no doubt are mistaken by some to be migrated globules; but a very little care in observing them will readily dispel such an illusion; furthermore, I always noticed that the great majority of them can be removed by means of a camel's hair brush; those which do not come away are no doubt on the under surface of the membrane where manipulation with the brush is difficult and awkward; or else, being bodies of microscopic size, escape being entangled in the hair of the brush. My plan was to select a few small veins with a clear unobstructed piece of membrane on each side of the vessels, and then watch until the current became slow and finally stagnant with complete coagulation of their contents. I never saw, no matter how long the vessels were under observation, any white cells appear in the surrounding clear tissue which could not be accounted for on another more plausible theory than that of migration. Vessels were occasionally seen the tissues bordering which were not free from leucocytes and which could not be brushed away. I do not believe they were migrated globules as they did not change their position, and if the membrane was occasionally brushed they did not increase in number. I believe they were free peritoneal and vascular cells fixed to the membrane by their viscosity and desiccation prior to inflammatory effusion. I several times saw a small vein, sharply defined, and with clear tissue surrounding it, in which a colorless cell was to be seen which presented an appearance as though a small portion of it were partly through the vessel wall; but after long watching, during which time it presented no change of any kind, it was suddenly whisked along with the blood current. I repeatedly proved to my own satisfaction, by *transitional focussing*, that many of the cells that occupied positions which rendered them liable to be mistaken for migrating leucocytes were on a plane different from that occupied by the vessel. The most deceptive simulation of migration I witnessed, was observed while watching two leucocytes which looked for all the world like globules that had partly escaped from the vessel. As they were the only ones and the surrounding tissues were quite clear and free from other glob-

ules I was not liable to make a mistake ; they appeared to be attached to the wall of the vessel by a narrow pedicle which gave them a pear shape ; in about an hour they were quite free from the vessel and had moved a short distance away from it, but in a comparatively short time they returned to the vessel wall again and appeared to almost bury themselves in it, when they again reappeared still attached to the vessel wall ; this peculiar behavior made me doubt their being emigrant globules, and I was finally convinced that their sudden and rapid oscillations, in no fixed direction, to and fro in overlying serum on the peritoneal surface, was occasioned by the beating of a neighboring large artery. This proved their presence on the surface of the mesentery, wandering over its surface and thus occasioning the similarity in appearance to migration. This required an hour and a half of continuous observation ; so a hasty conclusion in favor of migration would, no doubt, have been arrived at by many.

On reading descriptions of the migratory process by different writers one is struck with two facts, 1st, that exceedingly few quote their own observations proving migration, but the great majority quote either Cohnheim's or those of Burdon-Sanderson ; 2nd., the great discrepancy in the ease with which they (the different writers) say migration can be witnessed. Burdon-Sanderson says "from the description given above, it might be inferred that the experiment is one of great simplicity, whereas in actual practice it is attended with very considerable difficulty ; so much so, indeed, that most persons who have tried it have found failure more frequent than success. The principal sources of difficulty are 1st., that the time occupied in the first stage of the process, during which the circulation is going on with unabated velocity, is extremely variable ; 2nd., that if from weariness or inadvertence, the attention of the observer is diverted from the selected vein at the commencement of the process of migration he is very unlikely to succeed in seeing what he desires to see afterwards ; for, inasmuch as leucocytes are escaping simultaneously in various parts of the mesentery, they soon accumulate in such numbers that their mode of exit can no longer be distinguished. Yet notwithstanding these difficulties, no one who has time and patience enough need fail ; great care in manipulation is required, but no extraordinary dexterity,"<sup>1</sup> (a hair brush, as before stated, applied to the surface of the membrane will prevent and will remove the obstruction to the clearness of the view occasioned by Sanderson's accumulated migrated corpuscles, which gradually ooze from some of the vessels injured in

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<sup>1</sup> Holms' System of Surgery, Vol. 1, p. 48.



making the preparation). Turning now to Schäfer, who, speaking of the exposed lymphatic surface of the tongue, says "moreover the mere exposure of the lymphatic surface soon causes inflammatory changes, and after the preparation has been made a few minutes only, the first commencement of these is seen in the sticking of the pale corpuscles to the walls of the vessels, speedily followed by their migration from the veins into the surrounding tissue. No where can the fact be more clearly established, and the details of the process more accurately followed than here."<sup>1</sup> If migration is an observable fact, one of these gentlemen is in error, and I am sure it is Mr. Schäfer, who, I have not the least doubt, mistakes the free leucocytes on the surface for migrated corpuscles in the parenchyma of the tissues. My observations have been too few to warrant me in coming to a definite conclusion; yet the result of my efforts to arrive at the truth, in conjunction with the differences in the statements of actual observers who accept the doctrine of migration, give some support to the assertions of Wharton Jones. I intend pursuing the subject still further, and if after as many careful observations I do not witness migration I think I will be justified in doubting, if not migration, at least observable migration.

#### OBSERVATIONS ON ONE HUNDRED AND TWELVE CASES OF CHOREA.

BY CLARENCE BARTLETT, M. D

Physician to the Neurological Department of Hahnemann College Dispensary of Philadelphia,  
And Neurologist to the Children's Homœopathic Hospital of Philadelphia.

In August, 1884, the writer of this article published in the *HAHNEMANNIAN MONTHLY*, a paper "On the Relation between Rheumatism and Chorea." In that communication were tabulated fifty-eight cases of chorea that had been under his treatment up to that time. The personal and family rheumatic history of each patient was detailed, together with the presence and character of the attendant cardiac complications. The following is a summary of these cases:

Total number of cases,.....	58
Number giving a history of antecedent rheumatism,.....	4
"                    "                    rheumatism in the family,.....	10
"                    a rheumatic history,.....	12
"                    a doubtful rheumatic history, .....	5
Number having cardiac complications,.....	17
"                    heart normal,.....	15
"                    more than one attack of chorea,.....	12
Number giving a family history of chorea,.....	7

Nearly seven per cent. of the cases then recorded are thus seen to give a history of antecedent rheumatism. Nearly twenty-one per cent. gave a history of rheumatism either in themselves or immediate

<sup>1</sup> Schäfer's Practical Histology, p. 161.

relatives. Admitting as rheumatic, the cases which gave a history of rheumatic pains (the propriety of such an admission is exceedingly doubtful), the cases of chorea then reported gave as high a percentage of rheumatic history as twenty-nine and one-third per cent.

For purposes of comparison, the rheumatic histories of fifty patients suffering from other than nervous diseases were obtained, and with the following result :

Total number of cases,.....	50
Number having had rheumatism, .....	1
Number giving a family history of rheumatism,.....	6
Total giving a rheumatic history, .....	7
Number giving history of rheumatic pains,.....	9
Highest possible number of rheumatic cases .....	16

Two per cent. of these then had a personal history of rheumatism while fourteen per cent. gave a family or personal history of that disease. This result accords almost exactly with the estimate of Sturges who says that fifteen per cent. of all patients will give a rheumatic history of some kind.

Fifty cases of nervous diseases other than chorea were also investigated with the following result :

Total number of cases, .....	50
Number giving a history of antecedent rheumatism,.....	6
“ “ rheumatism in childhood.....	3
“ a family history of rheumatism,.....	7
Total number giving a history of rheumatism,.....	13
Cases giving a doubtful rheumatic history,.....	6

Thus, twelve per cent. gave a personal history of rheumatism, twenty-six per cent. a personal or family history of the same.

From these results we are led to conclude that rheumatism occurs in choreic patients more frequently than among patients in general by five per cent., while it is less frequent in them than in the general run of nervous patients by about five per cent.

Since the above observations were reported, I have treated fifty-four other patients with chorea. The personal and family rheumatic history of these may be seen in the appended table. I will say that as before, care has been taken not to overlook a rheumatic history where there was a possibility of such existing.

The following table does not include in it any patient to whom reference was made in my first paper on the subject. Several, I cannot say exactly how many, of my old cases have since reported with a recurrence of the trouble, but none of these have been included here.



TABLE.

*In which is recorded the rheumatic history of patients and relatives in fifty-four cases of chorea.*

No.	Age.	Sex.	Rheumatism.	Rheumatism in Family.	Cardiac Complication.	Remarks.
1	7	M.	No.	No.	Mitral Insufficiency.	Ailing 2 months.
2	12	F.	"	"	Normal.	3d attack. This patient was a full-blooded negro.
3	20	F.	"	Sister.	Mitral insufficiency.	
4	12	F.	No.	No.	Normal.	
5	16	F.	"	"		
6	10	F.	"	"	Irregular action.	Took a great deal of Fowler's solution with no benefit; ailing 7 yrs.
7	11	M.	"	"	Normal.	Ailing 4 or 5 years and growing worse.
8	13	F.	"	"		
9	12	M.	No.	Yes.	Normal.	
10	11	F.	"	No.		
11	13	F.	"	Father had Chr. Rheumatism.	Mitral insufficiency.	Has had a number of attacks.
12	21	F.	"	No.	Normal.	Ailing 11 years.
13	13	F.	"	"		
14	11	F.	"	Father.		2d attack; patient partly idiotic. Father a drunkard and mother insane.
15	8	F.	"	"	Normal.	
16	14	F.	"	Father.	Aortic constriction.	
17	9½	F.	"	No.	Normal.	2d attack. Has phthisis.
18	9	M.	"	"	Aortic constriction.	
19	15	M.	"	"	Normal.	Brother had chorea.
20	7	F.	"	Mother.		
21	15	F.	"	No.	Mitral insufficiency.	Cousin had chorea.
22	14	F.	"	Mother.		Brother had chorea.
23	6	F.	"	No.	Mitral insufficiency.	2 attacks. Uncle has epilepsy.
24	10	F.	Yes.	Father.	"	3d attack of chorea.
25	13	M.	No.	Mother.	Normal.	2d attack.
26	10	M.	"	Father.	"	
27	14	M.	"	No.		
28	14	F.	Yes.	(?)		2d attack.
29	4	M.	No.	(?)		6th attack
30	11	F.	"	No.		
31	9	M.	"	"		
32	8	F.	"	"		
33	13	F.	"	Father had Rheumatic pains.	Normal.	Overworked herself at school.
34	3	F.	"	Father had chr. rheumatism.		2 attacks. Caused by grief.
35	10	F.	Pains in groins	No.		
36	15	F.	Yes.	"	Normal.	
37	8	F.	"	"	Blowing murmur at apex.	
38	7	M.	No.	"		Idiot.
39	15	M.	"	Mother (?)	Normal.	4th attack. Neurotic family.
40	7	F.	"	No.	"	Cousin had chorea.
41	9	M.	"	"		
42	14	F.	"	"		
43	18	M.	"	"		Is easily frightened
44	9	F.	Yes; twice.			
45	14	F.	"	"		Sister also had chorea but never rheumatism.
46	15	F.	No.	No.	Mitral insufficiency.	Amenorrhœa.
47	18	F.	Yes.	"		Very bad case. Family both neurotic and rheumatic
48	9	F.	No.	"		
49	11	F.	"	"		
50	10	F.	"	"	Mitral insufficiency.	Resident patients at Children's Hom. Hosp. of Phila.
51	14	F.	"	"		
52	5	M.	(?)	No.		
53	12	M.	(?)	"		
54	12	F.	No.	Mother had chr. rheumatism.	Normal.	

## SUMMARY.

Total number of cases.....	54
Number giving a history of antecedent rheumatism.....	5
Number giving a history of antecedent rheumatism in family	12
Number giving a rheumatic history.....	16
Number giving a doubtful rheumatic history.....	5
Number having cardiac complications.....	11
Number having heart normal.....	18
Number giving a family history of chorea. ....	5
Number having more than one attack of chorea.....	11

Nine and one-quarter per cent. of the patients composing the second series gave a personal history of rheumatism. Nearly twenty-nine per cent. gave a history of rheumatism either in themselves or relatives. If we were to include in our calculations all the doubtful cases of rheumatism, we would obtain a history of that disease in thirty-nine per cent. of our cases.

Taking the summary of the observations in the two series of cases we have the following result :

Total number of cases.....	112
Number giving a history of antecedent rheumatism.....	9
Number giving a history of rheumatism in family.....	22
Number giving a rheumatic history.....	38
Number giving a doubtful rheumatic history.....	10
Number having cardiac complications.....	28
Number having heart normal. ....	33
Number having more than one attack of chorea.....	23
Number giving a family history of chorea.....	12

Reducing these figures to percentages as before, we find that eight per cent. give a personal rheumatic history and twenty-five per cent. a history of rheumatism either in themselves or in their immediate relatives. Again, admitting the doubtful cases as *certainly* rheumatic, the percentage of cases giving a rheumatic history rises to thirty-eight per cent.

My reason for desiring to ignore such histories of rheumatism as were doubtful is this: As is well known to all, no disease is more undefined in the minds of the laity than is rheumatism. Slight sprains, myalgic pains, neuralgia and growing pains are indiscriminately classed as rheumatic. On investigating this subject in old people, I think that we would find that many of them would tell us that they had had or were suffering from rheumatic stiffness of the joints.

The advocates of a rheumatic origin for chorea, moreover, do not claim that these undefined troubles stand in any relation with the latter disease. Their claim is made for acute inflammatory rheumatism and for that variety of rheumatism only.



To return to our subject after this digression; to compare the results obtained in my cases with those of other observers, I have appended the following table :

Observer.	Cases of chorea.	Cases giving a rheumatic history.	Per cent. rheumatic cases.
Hughes & Brown,	104	89	85½
See,	128	64	50
Hillier,	37	15	40½
Dickinson,	61	19	31
Peacock,	92	26	28¼
Steiner,	252	4	1½
Hammond,	82	16	19½
Moury,	214	55	21
Goodhart,	130	93	71½
Lewis Smith,		More than half	
Sinkler,	277	37	13⅔
Hillier,	37	15	40½
Hughes,	108	14	13
Ziemssen,	21	4	19
Sturges,	177	31	17½
West,	66	16	24¼
Vogel,	12	0	0
Chambers,	33	6	18⅓
Oger,	80	8	10
Gerhard,	30	4	13⅓
Dana,	38	3	8
Chapin,	38	22	58
Branson.	8	0	0
	2025	541	26½

Thus in a grand total of two thousand and twenty-five cases by twenty-two observers, five hundred and forty-one or twenty-six and one-half per cent. gave a history of rheumatism. This accords closely with my own percentage.

The widely different results obtained by different observers above quoted is noteworthy. Thus Hughes and Brown claim to have obtained a rheumatic history in eighty-five and a half per cent. of their cases while Steiner only met with such in one and a half per cent. of his; two other observers reporting it is true but a small number of cases, did not meet with a rheumatic history once.

The cardiac murmurs which are so frequent an associated symptom of chorea have been held up as confirming the rheumatic origin of the disease. This we think is without reason. These murmurs are evidently functional. They disappear as soon as the child recovers from the chorea, they occur in cases which give no rheumatic history and they are almost invariably the result of insufficiency of the mitral valves.

As against the connection between rheumatism and chorea, we have the following clinical facts: Rheumatism occurs most frequently in the adult, chorea in the young; rheumatism attacks either sex, preferably the male, while chorea occurs more frequently in females; rheumatism is of frequent occurrence among negroes, while chorea is almost unknown among them.

Summing up our knowledge in respect to the relation between these two diseases, I submit the following conclusions:

1. That chorea occurs with a certain degree of frequency in patients who have had inflammatory rheumatism, but this frequency is not so great as has been generally supposed.
2. That patients affected with other nervous disorders than chorea give as frequent a history of rheumatism as do patients having chorea.
3. That the relation between chorea and rheumatism is not one of cause and effect. Where the two diseases have existed in the same individual, the same or a related constitutional peculiarity has acted as a predisposing cause for both diseases.

The next point in the etiology of chorea to which I shall direct attention is age. Of my one hundred and twelve patients, there were

4	below 5 years of age.				
14	between 5 and 7	"	"	"	"
30	" 8	" 10	"	"	"
34	" 11	" 13	"	"	"
20	" 14	" 16	"	"	"
5	" 17	" 20	"	"	"
5	21 years of age or over.				

More than one-half the cases occurred in children between the ages of eight and thirteen, just at a time when nervous influences are apt to make themselves most strongly felt.

The marked predisposition of female children to the disease is especially noteworthy. Of my cases, thirty were males and eighty-two females.

Fright, grief, excessive mental application are frequent exciting causes of chorea. In how many of my cases these emotions were operative, I cannot say. Parents frequently attributed their children's ailment to these depressing influences. In several instances, study had a marked effect in aggravating all the symptoms of the disorder.

The two months of the year in which it has been my lot to meet with the most cases of chorea are December and May. At these times also, there was the greatest tendency to the occurrence of relapses. More relapses occurred however in the Spring than in Winter. In some cases the tendency to return at the former season of the year was



truly remarkable. In a man aged thirty-eight years, who had his first attack while in the army, the disease returned every Spring for twenty years. A young lady, aged eighteen, had had eight attacks all of which occurred in the Spring; and there is a little miss, now eleven years old, who has returned to me with this trouble each Spring for four years. Other instances of the tendency of chorea to recur are not wanting, but those I have mentioned above are the most remarkable.

In my former paper, I said that I had never seen a case of chorea in a full-blooded negro. Further experience causes me to now speak differently. During the past Spring there applied for treatment at the Hahnemann College Dispensary a negro girl twenty years of age. She was suffering from a *typical* attack of chorea. The abnormal movements present in the case were so characteristic, that it was impossible to err in the diagnosis. The only history of rheumatism obtainable was in a sister. The scarcity of chorea among negroes is, I think, peculiarly significant in view of the frequency of rheumatism among the people of that race.

In no disease has there been greater discussion concerning the pathology than in chorea. Its alleged frequent association with rheumatism and endocardial murmurs, has led to the embolic theory of Kirkes, a theory which is certainly ingenious and which has been adopted by many prominent authorities, but which, I think, cannot be true. This theory, as you all know, provides that minute emboli lodge in the capillaries of the *corpora striata* and so give rise to the choreic movements. On this subject I wrote as follows, two years ago :

"Were chorea dependent upon capillary embolism, it would be a disease of sudden onset. The embolism affecting the capillaries would be followed either by a prompt restoration of the circulation through the collateral vessels, or by softening of the anæmic portion of the brain. In the former cases quick recovery would ensue; in the latter the patient would be rendered incurable. The symptoms of chorea are in no particular similar to those which have resulted from an experimentally produced embolism of the cerebral capillaries. The existence of these capillary emboli only rests on a theoretical foundation. They have never been found in a post-mortem examination of a case of chorea."

The statements above quoted I will here modify so far as to say that abnormal movements simulating those of chorea have been produced in the lower animals by the production of capillary embolism of vessels of the spinal cord.

The most recent theory providing for the pathology of chorea by one of the advocates of its rheumatic origin, is that proposed by Dr. T. J. MacLagan. He says :—

" *Rheumatism is essentially a disease of the motor apparatus: chorea is essentially a disease of the motor centres.*"

" In this broad pathological statement we have the clue to the explanation of the relation of the two diseases.

" The motor centres affected in chorea and the motor apparatus which suffers in rheumatism, have an essential physiological connection. The motor centres form the central portion of a system, of which the motor apparatus is the distal or peripheral. Each is essential to the physiological completeness of the other, and without the other, neither has any physiological *raison d'être*. Without joints to be moved, the motor centres would be useless: without motor centres to initiate the necessary nervous force, the muscles would remain flaccid and the joints be of no avail " \* \* \*

" The existence of the rheumatic diathesis implies a liability to disturbance of the motor apparatus. The motor ganglia are an essential part of this apparatus. Those subject to rheumatism are therefore, *cæteris paribus*, more likely to have susceptible motor centres than those who are not. Thus the rheumatic diathesis predisposes to chorea."

Although this theory provides for chorea a functional origin we cannot accept it, and for two reasons: First, the large majority of cases of chorea occur independently of any rheumatic diathesis and secondly, were MacLagan's theory correct, chorea would be more commonly met with in other diseases of the motory apparatus than rheumatism. True it is, that chorea has in a few cases followed immediately or shortly after trauma of the bones or joints but the disease, in these instances, may have readily resulted from fright or from shock to the nervous system.

The only acceptable theory to my mind, relating to the pathology of chorea that has to do with the somewhat frequent association of the affection with rheumatism, is that which attributes to both diseases a nervous origin; that which contends that the two diseases do not stand to each other in the relation of cause and effect, and that both chorea and rheumatism appear in certain neurotic constitutions. My observations as far as they go, apparently confirm this theory for I find that nervous diseases generally, give as marked a rheumatic history as does chorea. Especially do I find a rheumatic history present in the so-called functional diseases of the nervous system.

Chorea is said by eminent authorities to be a self-limited disease having a duration of three months. This I must deny. The great majority of cases that have come to me have lasted much longer than



this period in spite of the administration of certain specific remedies as arsenic in the form of Fowler's solution and chloral.

The most important question, however, for our consideration this evening, is the proper treatment of chorea, and in handling this portion of my subject, I will divide it into heads, the hygienic and the medicinal treatment. The former of these is by no means of small importance. Special care should be observed that the child is well nourished. If there is the slightest evidence of defective nutrition, it is my custom to order cod liver oil either pure or in emulsion. As beneficial as this agent has proven itself to be, other remedial measures must be adopted. Rest is very important. The extent to which this is enforced must of necessity vary in individual cases. It is always better to take the child from school and study, especially so in those cases in which the disorder is markedly aggravated by sedentary habits.

In very aggravated cases I have advised absolute rest in bed. In some few instances in which this has been carried out in the Children's Homœopathic Hospital of this city, the result has been remarkable. Cases that were characterized by most extravagant choreic movements on admission, would, in the course of a week or ten days, become very much quieted. The benefit thus obtained was easily lost, however, for when these patients were permitted to leave their beds and go about the wards, the disorderly movements returned. Among other than hospital patients, I have never obtained satisfactory results from the procedure, probably, because my directions were not carried out properly.

Among the remedies for chorea, I would mention as especially valuable, *mygale lasiodora*. The symptoms given us as indicating this remedy by Dr. Houard, by whom mygale was introduced into our materia medica, are the following: "Muscles of the face twitch; mouth and eyes open and close in rapid succession; cannot put the hand to the face; it is arrested midway and jerked down. Gait unsteady; legs in motion while sitting and dragged while attempting to walk. Constant motion of the whole body."

The above array of symptoms pictures a typical case of chorea. This remedy would therefore appear to be indicated in those cases of the disease in which there are no characteristic symptoms indicating any other special remedy. My attention was first called to the use of mygale by the late Dr. McClatchey, who used it according to the above indications. In some cases, its exhibition was attended with the most remarkable success while in others the results were not so flattering. In one instance, its administration cured in three weeks, a chorea that had already lasted one year.

*Causticum* is another valuable remedy in this disease. It is indicated when the movements involve the right side of the body more than the left. The muscles of the tongue are affected so that speech is thick and words are jerked out. There is a marked paretic condition of the affected parts of the body. *Causticum* being a good rheumatic remedy will be all the more indicated in cases occurring in rheumatic patients.

*Agaricus muscarius* has been especially recommended when there is marked twitching of the eye-lids. In my hands, however, it has failed to relieve this symptom, in the two or three cases in which I have given it while *hyoscyamus* was afterwards given with success. The blepharospasm in these cases was associated with marked twitching of the face. *Agaricus* has numerous other symptoms showing it to be a chorea remedy, e.g., spasmodic motions from simple involuntary motions and jerks of single muscles, to a dancing of the whole body; trembling of legs and hands, soreness of spine; involuntary movements cease while asleep. The *agaricus* symptoms are worse during a thunder-storm.

*Cocculus indicus* produced a very prompt result in a case in which the chorea occurred in a thin, scrawny girl, whose menstrual flow was dark and scanty. There was nothing especially characteristic in the nature of her movements.

*Actea racemosa* is to be used in cases occurring in young girls at about the age of puberty, especially when there are present, symptoms indicative of disease of the genital organs.

*Pulsatilla* like *actea racemosa* is suited to cases occurring in girls at puberty, the characteristic temperament of the remedy being the most prominent symptom indicating the drug.

*Ignatia* is indicated in cases in which the disease has resulted from such depressing emotions as grief, fright, etc.

*Nux vomica* has served me well in several chronic cases of the disorder that had for years been under old school treatment. In these cases there were present no symptoms indicating the drug, other than the one just mentioned.

*Hyoscyamus* will do good service where the twitchings are especially violent and jerky. It has been of especial value in my hands for local choreic movements even when they are situated in the muscles of the eye-lids and face, for which condition *agaricus* is more commonly used.

The above-named are the remedies I have most frequently used in the treatment of chorea. I have used a number of others, as *cana*, *tarentula*, *calcarea*, etc., led by indications well-known to you all. I have also used certain remedies empirically on the strong endorsements of other physicians, but from these I have derived but little satisfaction.



## DISCUSSION ON CHOREA.

REPORTED BY HORACE F. IVINS, M. D., SEC'Y.

DR. A. R. THOMAS said that he had listened with much interest to Dr. Bartlett's paper. He thought it was scarcely possible to establish a relationship between rheumatism and chorea. One theory mentioned by the Doctor, that referring to the nerve centers and rheumatism, seems plausible, and yet facts did not, to him, establish the theory. Dr. Thomas referred to a case which he had seen in consultation. It was, to him, new and remarkable, owing to the intense neuralgia which accompanied it. There were intense choreic movements of the legs and arms with but little motion of the muscles of the face and head; generally accompanied by intense pains in the legs and arms so that the attending physician found it necessary to use either morphine or ether in order to alleviate the suffering. These gave relief so that the patient was able to sleep. Dr. Thomas said this was the worst case he had ever seen. It finally recovered. The subject was a girl who worked in a mill where she was exposed to hot steam, after which she would go into the cold air.

The remedies which he had found useful in cases of chorea were chiefly those of which Dr. Bartlett had spoken; he had sometimes given them with much satisfaction, while at other times they gave no relief.

DR. H. J. SARTAIN asked Dr. Thomas if any special remedy was given in the case to which he referred.

DR. THOMAS replied that mygale was given but did not do much good.

DR. M. S. WILLIAMSON asked if the neuralgia preceded, or followed the choreic attack.

DR. THOMAS said it accompanied it.

DR. P. DUDLEY said the most severe case which he had ever seen was that of a young girl nearing puberty. When he called she had been having the attacks for three or four months. The mother did not think much of the condition until just before the doctor was called, when she noticed twitchings over which the daughter had no control. After treatment was begun, the patient grew worse and severe pains commenced in the extremities, with sensitiveness in the dorsal and cervical regions; and when she had the most pain in the extremities she also had a peculiar soreness in the spinal column. Gelsemium was given, but without relief; it was discontinued, and, for four or five weeks *actea racemosa* was given. The symptoms improved after the first week.

The muscular action was intense, and seemed to put the child's life in danger ; it would throw her from a chair to the floor, bruising her severely. She became emaciated, but recovered entirely, and is now a teacher in one of the public schools.

DR. WM. B. TRITES said he had read Sturges' work on chorea. Although many claim that there is no relationship between chorea and rheumatism he believed, from practical experience, that there must be a relationship between the two diseases. Shortly after reading Sturges, he had three cases in which the chorea followed inflammatory rheumatism. *Actea rac.* gave excellent results. In these three cases the sequence was so close, and from the fact that no previous history of chorea existed, he believed, in spite of the good authority to the contrary, that there was an actual relationship between the two affections.

Rheumatism is not the probable cause of all cases of chorea, but the doctor is of the opinion that some cases must have such an origin, as in practice so many do follow, and especially as *actea* so often cures. Dr. Trites had used *mygale* in a case similar to the one referred to by Dr. Dudley. There was considerable anæmia. He put the patient to bed and paid great attention to nutrition ; she finally recovered, and there has been no return for three years, nor has there been any rheumatism.

These three cases are very prominent, but the doctor has had others of a similar nature.

DR. W. H. BIGLER said that he was reminded, in reference to ferrum, of the importance of attending to the nutrition, which attention would give more relief than would internal treatment. *Actea rac.*, diet, and rest had given him the best results, as had been suggested by Dr. Trites.

DR. J. C. MORGAN referred to a case which he had treated this summer while at the seashore. It was that of a young lady who has valvular heart disease. She was taken sick from exposure on the beach, a catarrhal affection, for which he was called. He discovered the chorea and valvular disease ; he gave the remedy as indicated in ordinary colds—*aconite*. Although the choreic symptoms were very marked, he thought they arose from nervousness at seeing him for the first time. He asked the mother if there were any heart symptoms, and being told there were, he made an examination and found a mitral regurgitation. The choreic symptoms were much relieved by the general treatment. They were irregular in their occurrence.

The constant presence of rheumatism is liable to produce an irrita-



bility of the membranes of the brain and cord, which, he thinks, has some relation to this heart affection, and the valvular lesion showed that there was a predisposition which eventuated in a choreic tendency, which she has off and on. There may be no connection between the two but there is a tendency to the formation of lactic acid from slight colds. Glycogen is formed and by the over-action of the liver may be converted into lactic acid. After rheumatism he often notices enlargement of the liver, as well as heart affections. Lactic acid, like rheumatism, attacks various portions of the body and shows an association between various lesions.

DR. M. S. WILLIAMSON suggested that Dr. Bartlett give some points with reference to the disappearance of the heart symptoms after the cure of the chorea, especially as to the time of the disappearance, and what influence nutrition has upon these cases.

DR. BARTLETT replied that those in whom nutrition was poor were the most satisfactory cases, especially when cod liver oil, Murdock's food, or some other equally nutritious article of diet was used. Those who aside from chorea were in perfect health were harder to cure.

The heart symptoms all got well, where the nutrition was attended to, as soon as the chorea was cured. The cases occurring after rheumatism were similar to those which appeared in non-rheumatic patients. In 112 cases under his care the chorea started immediately after the attack of rheumatism in but one. Dr. Korndorfer had recently told him that he had had five cases of chorea last winter, all of which occurred immediately after acute rheumatism; the pathology is indefinite and it is idle to theorize, as it is very difficult to confirm any theory by autopsies. To illustrate the futility of theorization, Dr. Bartlett related a remarkable case that was under his observation, that of a man about 42 years of age, who had an attack after a sun-stroke in 1862. His father was insane 62 years; two sisters died of dementia; a third had chorea, and was insane; a fourth has been recently affected; and a fifth has paralysis. This man was a watch-maker fourteen years ago, but became unable to pick up his instruments as before, and soon a pendulum like motion (160 to the minute) of the arm began, with acute pain in the occiput. One year later this motion gave place to a rotary motion, also 160 to the minute. If support is given to the arm, the hand is in constant motion; if the support is lost the revolutions immediately begin again, the tremor of the hand muscles ceasing; this continues night and day. If an effort is made to suppress these motions, the other side becomes convulsed, while sitting or standing; but as soon as he lies down every-

thing is quiet, and he can execute the most difficult motions; when, however, a tendon is put upon the stretch, as in testing for tendon reflex, the motions immediately begin, and he must rise and again lie down, before they will cease.<sup>1</sup>

DR. W. B. TRITES did not wish to be misunderstood with reference to his three cases; while one of them was attacked in one week after the disappearance of the rheumatism, two of them were not affected until several months had passed.

DR. J. C. MORGAN thought he might draw a parallel that rheumatism is antecedent to chorea as diphtheria to paralysis. It is not strange then that one malady may follow another; that paralysis follows diphtheria is well established, and it may be equally true in the other instance.

We may theorize too soon, but it is nevertheless well to theorize, and should these theories be wrong, they may be amended. It does not do to come to conclusions too soon, but probably the connection between rheumatism and chorea will be demonstrated in time. He then referred to Professor Tyndall's teachings of the importance, to the mind, of theorizing.

DR. MORGAN, after speaking of the importance of key notes, as taught by Dr. H. N. Guernsey, referred to a case in which he had used sulphur. The patient was disposed to admire common objects, raving over them; the girl was pale, and poorly nourished; her chorea had existed six months, but after the use of sulphur it subsided.

DR. H. E. KISTLER had treated one case four and one-half weeks. Agaricus was given on account of the twitching of the eyelids; although it was continued for four days, it did not relieve that symptom. Hyoscyamus was next given, without relief, while the movements became more general. Calcarea, and, later, teucrium were given, but without avail, the child growing worse.

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<sup>1</sup> Since reporting this discussion I was called upon to remove impacted cerumen from this patient's left auditory meatus. While using the syringe he complained of vertigo. I requested him to lie down that he might be relieved, as he immediately was; but to his great surprise the choreic movement of the hand continued as while standing. He said "You are the only person who has ever seen that motion while I was lying." He arose and again lay down, as he was positive that would terminate the oscillation, but it did not, to his regret. He then arose and walked about the office a few times when, upon resuming the recumbent posture, the hand was quiet, nor has it given him any such trouble since, now four weeks ago.—H. F. I. 1-19-'87.



The patient was a German girl, aged thirteen, well nourished, good family history, free from rheumatism. The movements were rolling, with an occasional jerk, and seemed to involve every muscle of the body. They were obliged to pad her, in order to prevent her injuring herself; she could not be quiet in any position. She was taken to a physician who cured her in nine days; the medicine given was Fowler's solution of arsenic. It was begun in one drop doses, and gradually increased to nine drops. Dr. Kistler asked if any one present could give him the indications for the use of this remedy in such cases.

DR. DUDLEY said the indications were, as usually employed by the allopathists, that it was the remedy *par excellence* because it had cured other cases. He then asked Dr. Bartlett how long we were under the necessity of giving a remedy before we might look for results, and stated that it was his opinion that the remedy was often abandoned too soon.

DR. BARTLETT had noticed improvement in some cases very shortly after administering the remedy; he does not discontinue its use after three or four days, but continues it for a long time, depending upon the nature of the case; although he had used Fowler's solution a number of times, and in the manner suggested by Dr. Kistler, he had in every case failed to cure. The doctor had heard of numerous failures with this remedy when employed by others, and Sturges says "Fowler's solution will give no relief, but given *with confidence*, will cure the case."

DR. WM. M. GRIFFITH spoke of an article by Dr. Corson, in which he refers to *actea rac.* as curative, and cites a number of cases so cured.

One case, in which the chorea made its appearance after disappointed love, Dr. Griffith cured with *hyos.3x* and *tarent.*, every two hours. The patient has since remained well.

A second case made its appearance after rheumatism; *agaricus* was given, but, as yet, he has not heard with what effect. The *hyos.* and *tarent.* he gives either singly or in alternation.

DR. BARTLETT asked if any one present had cured chorea by the operation of circumcision, and if so, how soon did the choreic symptoms disappear.

DR. W. B. VAN LENNEP had done the operation a number of times, but said he must confess that it had given relief in but two cases, and that these cases were such as to require an operation independent of its probable action on the choreic symptoms. He was of

the opinion that the operation is too fashionable, and thinks it often leads to disappointment. The two cases already referred to had adherent foreskin with smegma, which in one case had undergone calcareous degeneration. In such cases as these there might be such irritation as to give rise to chorea, but he did not think that simply a long prepuce would give rise to such a condition, nor would its removal cure such symptoms.

DR. J. N. MITCHELL asked how he could tell beforehand whether such adhesions and degenerations did exist.

DR. VAN LENNEP replied that he had just performed a temporary operation in the case of an elongated and œdematous prepuce which he nicked and, introducing a pair of dressing forceps, dilated the foreskin, and drew it back. He found neither adhesions nor smegma. This he did both as a temporary relief and as a means of diagnosis.

Of the two cases relieved, one proved to be only an amelioration, but the second had remained well four months; the majority of his cases, however, passed from his notice, being operated for other physicians, and for these he could give no statement.

DR. MITCHELL asked if we did not find the adhesions and smegma in all cases.

DR. VAN. LENNEP thought in not more than 50 per cent.

DR. MITCHELL had operated for phimosis fifteen or twenty times, but had never done so in a case in which there was chorea, although many times the nervous symptoms were well marked; the result was always good. He said he was unable to foretell the presence of smegma or a calcareous degeneration until the corona was exposed.

A few days ago he did the operation and found the corona almost filled; the patient had twitchings and many nervous symptoms, which were very much relieved after the operation.

With reference to the remedies, he said that he had sometimes obtained relief with cina, after other remedies had failed. Another remedy which had given good results was mygale.

He was surprised that the cases reported by the various members had continued so long, as in his cases the relief had been very prompt.

DR. C. MOHR asked Dr. Mitchell's indications for the use of cina.

DR. MITCHELL replied that he had suspected the presence of worms in the cases in which he had prescribed this remedy.

DR. BARTLETT asked if Dr. Mitchell's cases which were relieved by the operation, had special nervous symptoms or whether they were of a general nature.

DR. MITCHELL said they were general.



DR. C. MOHR referred to the fact that physicians could so rarely give special indications for the remedies of which they made use in the treatment of chorea, and referring to a case which he had treated last winter, in which there were twitchings of the facial muscles about the eyes. He did not give agaricus, but thinking the irritation might arise from the presence of worms in the intestinal canal, first gave a dose of castor oil, washed out the rectum, and gave cina internally. The one prescription cured the case.

DR. DUDLEY suggested that the castor oil was probably the curative agent.

DR. MOHR did not give the oil for its curative effect, but in order that he might make a more thorough abdominal examination, which, as the case recovered so speedily, he did not find necessary to make. With chorea, as with other cases, he considered it necessary to individualize the case. He has cured with apis, cauloph., puls., in girls about the age of puberty. At times where he can find no general symptoms further than the presence of chorea, zinc and cupr. have relieved.

DR. G. W. SMITH spoke of Dr. M. Macfarlan's recommendation of cina in cases where the eyes scintillated like those of a snake, and referred to two cases which had, after taking an overdose of cina, violent twitching of the muscles and scintillations of the eyes. In the case so prescribed for by Dr. Macfarlan, relief followed, and Dr. Smith has since given it with marked success.

DR. MORGAN said he was reminded by Dr. Smith's remarks, of an eye affection reported by an Englishman, which was cured by santonine, and as Dr. Mohr has looked for the cause of the symptoms in the generative organs, so the eye should not be neglected in our search for an explanation of the symptoms. He then referred to a now almost forgotten remark which had been broached by an Albany oculist, that optical irritation is the cause of chorea. The scintillation, of which Dr. Smith spoke, is probably caused by the rapid action, contraction and relaxation of the ciliary muscle, giving rise to a rapid, alternate dilation and contraction of the pupil.

Many years ago Dr. Wood treated all cases of chorea with cimicifuga, in teaspoonful doses of the dry powder, three times a day.

DR. J. H. YOUNG referred to a girl twelve years old, who had been under his care. She had been suffering six months from chorea; she could not speak, walk, or feed herself, was constantly in motion, had no appetite, and seemed likely to die. Electricity cured her in six weeks, at the end of which time she had gained twelve pounds, and looked as well as though she had never been sick.

## VALVULAR DISEASES OF THE HEART.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEB.

Many of us, it seems to me, are liable to be lax in our researches and study, both in the diagnosis and treatment of cardiac troubles. The result is, that many patients who have severe heart troubles die without its being diagnosed, and perhaps a still larger number of people are drugged and made miserable by treatment for heart disease when no real organic lesion exists. Possibly part of this is due to the fact that most articles on the heart are voluminous, and the busy practitioner has scant time to cull the wheat from the chaff, and as a result, he slips into that easy way of the Empiric prescriber, until his whole practice in this branch becomes one of palliation. Could the sound teaching given in many of our colleges on this subject, be at once supplemented after graduation by clinical cases, this would perhaps be otherwise, but in the early days of practice our work is more with patience than patients, and the truths so diligently drilled into us by our preceptors, are allowed to slip away for want of a chance for practical application. However, admitting our "sins of omission and commission" "let us reason together" and see if we cannot find a few concise rules for diagnosis. First as regards the subjective symptoms, let us not be misled. Our patient complains of anxiety, palpitation and fears of heart trouble; upon asking a few questions you secure symptoms of other abnormal conditions, cerebral, pulmonary, hepatic, uterine, renal or perchance of the vegetative sphere. You find him nervous, semi-hysterical, but perhaps with indications of fairly good circulation, which will lead you to suspect a functional, not an organic, trouble. We should never dismiss these cases without a careful physical examination, for suppositions are not allowable in the practice of medicine, but speaking upon general principles, the more certain the patient is that he has heart disease, the more probable it is you will find none, and the harder it will be to convince him of his error. We leave functional derangements at this point, as it is a subject that will lead us on from organ to organ and from cause to cause, ad infinitum.

Our patient comes to us without alarm, very probably only coming from the persuasion of friends. He tells us of little attacks of "distress" in the chest, an occasional dull aching in left arm, some dyspnoea upon going upstairs or more active exercise than usual; perhaps the pain is very slight, lasts only a few seconds, and passes away as quickly as it came, and perhaps he tells you of attacks of syncope indicating cerebral anæmia. We in turn notice some signs of venous congestion, possibly a little puffiness of face, and especially, a characteristic



bluish pallor, though the patient may seem to be in good flesh. A marked anxious look may be evident about the eyes, though the patient mentally is free from alarm. Such a patient should always receive a *most careful* physical examination as follows:

FIRST.—MITRAL REGURGITATION. Place the ear over the apex of the heart, viz., over the 5th left intercostal space and one inch to the right of a vertical line dropped from the left nipple. Here the first sound of the heart should be most marked. If in *place of it, but not replacing the heart impulse*, we have a murmur evident, which gradually grows less plain as we move the ear above the base of the heart, and is of a soft or musical character, we presumably have a case of mitral regurgitation. Our diagnosis is more sure, if this is accompanied by a weakened second aortic sound, (listen at 3rd right intercostal space,) and intensified second pulmonic sound, (listen at 2d left intercostal space). We have especially marked as a result of this condition, gastric, renal, hepatic and bronchial symptoms, we have hæmoptysis and its attendant evils and a pulse irregular, never hard to compress and easily accelerated.

SECOND.—AORTIC OBSTRUCTION. We have a murmur *accompanying and following slightly, the first sound of the heart but not taking the place of it*, the murmur having a harshness of character, and growing in intensity as we move the ear gradually toward the 2d or 3d right intercostal space near the sternum, at which point we find the murmur to have its greatest intensity, though we may also detect it over the right sterno-clavicular union, it being propagated above and to the right. We have here aortic obstruction, and usually have the second aortic (i. e. second heart sound as heard over 2d or 3d right intercostal space near sternum,) weakened. The pulse is hard, firm, wiry, and regular. The symptoms mostly, until later stages, those of cerebral anæmia.

THIRD.—MITRAL OBSTRUCTION. If we have a murmur most marked at the 5th left intercostal space one inch to right of nipple as above, but of a long bubbling character and *preceding the first sound of heart*, we may interpret a case of mitral obstruction. The pulse is small, feeble, and irregular. We have dyspnœa, hacking cough, bronchorrhœa, and hæmoptysis. This is, however, very rarely, if ever, found without mitral obstruction and the symptoms are obviously the same.

FOURTH.—AORTIC REGURGITATION. We have a murmur which *accompanies the 2d sound of heart and is heard during the first part of heart pause*, and grows in intensity as we move the ear toward the 2d or 3d right intercostal space near the sternum, at which point it has

its greatest intensity. This signifies aortic regurgitation. We have an irregular pulse, vibrating in character and with a pseudo forcible impulse. We have cerebral congestion and severe palpitation from overaction of left ventricle in its attempt to empty itself. Hypertrophy and later, dilatation of the left ventricle is *very marked, also general anasarca*.

Therefore the relation of valvular murmurs to the normal heart sounds are—

*Preceding* 1st sound of heart—mitral obstruction.

*Replacing* 1st sound of heart, *but not replacing* the apex impulse which is sometimes confounded with the first sound—mitral regurgitation.

*Accompanying and slightly following* the first sound—aortic obstruction.

*Accompanying and following the 2d sound* of heart—aortic regurgitation.

We must, however, bear in mind that the first sound of the heart always accompanies the apex impulse and is synchronous with the carotid and radial pulse and consequently a murmur replacing the 1st sound would occupy this relative place. The second sound follows the first and may be *accompanied* by a murmur but cannot be entirely replaced by one as aortic or pulmonic regurgitation are never both found in the same case. Tricuspid murmurs are heard plainest over the lower part of sternum, and pulmonary murmurs are heard plainest at 2d left intercostal space close to sternum, but disease of the orifice of the right side of heart is so rare as to be seldom taken into consideration. As regards relative frequency of murmurs we have—1st. Mitral regurgitant. 2d. Aortic obstruction. 3d. Aortic regurgitant. 4th. Mitral obstruction. 5th. Tricuspid regurgitant. 6th. Tricuspid obstruction. 7th. Pulmonary obstruction. 8th. Pulmonary regurgitant. The most common combination of murmurs is—1st. Aortic obstruction and regurgitant. 2d Mitral obstruction and regurgitant. 3d. Mitral obstruction and tricuspid regurgitant. 4th. Aortic obstruction and mitral regurgitant.

These are the sharp cut physical signs of valvular disease, but we should bear in mind that every rule has its exceptions, and combine the careful efforts of a well trained ear, directed by a well stored mind, with good judgment and common sense. We should have in mind *Pleuritic friction* (accompanying movements of respiration), *Pericardial murmurs*, (accompanying all sounds of heart and simply rendering them indistinct), *Aortic aneurism* (murmur propagated downward along



descending Aorta), *Arterial murmurs* (found in anæmic patients and plainest over large arteries of neck), and *Venous murmurs*, (like arterial murmurs, found with anæmia, but plainest over large veins of neck.) We will not stop to consider the hypertrophy, both with and without dilatation and the general conditions resultant from those troubles, as every one acquainted thoroughly with the anatomy of circulation, can reason for himself what the result must be and he who devotes to his cases careful, independent thought, must be well repaid.

PROGNOSIS.—As to an absolute cure, of course the prognosis is very bad, except in the earliest stages of valvular troubles, resultant from inflammatory conditions, and even then extremely uncertain. As to satisfactory results, however, I believe it is good in nearly all cases, except the most extreme ones, if we make a careful study of each, and bear in mind, meantime, that although we may be obliged in emergencies, and to tide over threatening places, to use palliations, yet the greatest good can be secured from the rightly exhibited homœopathic prescriptions. This conclusion has not been reached on my part from a “fanatic faith,” but from “bitter experience” and I may even add that it seems to me our prognosis may be good even in the latest stages if we can allow ourselves to consider, in these cases, that a patient relieved from much suffering and guided in comfort to his last rest, constitutes a satisfactory result.

TREATMENT.—First it would seem best that a patient should be removed from all mentally and dietetically exciting surroundings, because no one can so foresee the result of such effects as to guide them to his patient's good. I would not, however, advise the giving of absolute physical rest, but would look on the heart as a muscle which can be strengthened by judicious exercise, just as can the biceps by the horizontal bar.

Though to most of us Oertel's mountain climbing cure may seem too marked an innovation, yet certainly it has in it elements of good and a patient should take regular exercise every day, even to climbing stairs. This exercise should not be carried to fatigue, but should be systematic. I have practiced this with great care in cases of undoubted mitral obstruction and regurgitation, with the best of results, walking them each day against a strong winter wind, beginning with two or three rods, and gradually increasing to one mile. You not only secure a strengthening of heart muscle, but you relieve venous congestion by more thorough emptying of the heart cavities, and by the pressure of the generally exercised muscular system on the veins.

The diet should be liberally albuminous and not too much of the fat

forming food, as our object is to build up muscle, not fat. In connection with the matter of diet, however, it is most important to remember that digestion cannot go on properly and, *ergo*, assimilation cannot go on as it should, while the portal system is overloaded by congestion or while the kidneys are so congested as to produce transient albuminuria, and we *must* at the same time that we give to our patients the most nutritious and easily assimilated food, aim by medication and proper exercise to relieve the congestion, i. e. the torpor of the circulation, and we must in a debilitated patient even look on this as an emergency, needing *immediate relief*, for we may by this means build up our patient and at the same time give him confidence in us. Usually it may be done by the exhibition of the proper homœopathic remedies, but if necessary, we may, *and must* for the time being, resort to palliatives. Such patients are always very susceptible to change of weather and should be carefully clothed with woollen clothing. If much anasarca is present or if the kidneys are much congested, I have found mild and carefully given hot-air baths of much service, but they should be very carefully given. In some extreme cases their suffering is much relieved by giving all food in liquid form and as warm as can well be borne. I have even occasionally found a patient who improved much faster by giving the indicated remedy in hot water. We can readily see the effect of a hot dry-air bath in that it favors perspiration and reduces congestion and the warm liquids not only give aid to this end, but relieve the digestive tract itself in a measure of its over supply of venous blood. Again I have seen patients much relieved by rubbing with a preparation of glycerine with a few drops of oil of Juniper to the ounce, it tending to reduce the dropsical effusion and to soften the integument and perhaps having a slight effect on the flow of urine. Of course care should be used in rubbing, if there be any evidence of tendency to embolism. Patients with cerebral congestion should only be given the hot-air bath under every precaution, and they should sleep with the head reasonably high, and in a well ventilated room.

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#### DIETARY RULES FOR EPILEPTIC PATIENTS.

BY SAMUEL LILIENTHAL, M. D., NEW YORK.

It is astonishing that in the text-books of our school, dietary precepts are nearly totally neglected, when in fact, the rarity of a cure of this nervous disorder, epilepsy, arises from this very neglect. We looked through Raue's Pathology, Hart's Diseases of the Nervous System, Jahr's Forty Years' Practice, Jousset's Elements de Medicine



Pratique, Hering's and other authors' domestic hand-books, and nowhere do we find rules laid down how the afflicted should live to obviate the dire paroxysms of this disease. We, as a school, feel too well satisfied with the treasures in our *Materia Medica*, that we rely to find there a balm for any disease, and when we fail to become the healer, we may blame our want of knowledge to have penetrated deep enough in the mysteries of Allen's ten volumes and feel sorry for us and for the patient. Often have I heard students complain that they leave their Alma Mater without ever having listened to a lecture on the hygiene of the sick-room and on the diet suitable to the different maladies human flesh is heir to, and if prevention is better than a cure, we ought to teach our students how to keep well and how to keep the families, entrusted to their care, in good trim, so that when a bacillary army tries to enter the fort, we have a life-force ready to drive them off.

In a small article in the *Centralblatt für Nervenheilkunde*, Dr. A. Erlenmeyer speaks of the after-treatment of trepanned epileptic patients and remarks that the removal of the *causa irritans* does not always suffice to produce a lasting cure, as from the repeated attacks of epileptic explosions a state of great irritability is formed in the cortex, which does not disappear with the removal of the *causa irritans* but continues and only slowly retrogrades. After recommending the continuation of the bromides for some time after the successful trepanation, he continues: It is of the utmost necessity that alcohol in any shape must be strictly prohibited to any one suffering or having suffered from epilepsy, for the cortex remains for a long time in a state of irritation, which can only be aggravated by alcohol. With such patients neither large doses nor heavy alcoholic beverages are necessary to reproduce an epileptic fit; beer and light wines may do it and the danger increases with the regularity with which they are used. It ought to be well known that such patients have an increased intolerance to alcohol.

*Strumpell*, in his *Specielle Pathologie und Therapie*, ii, 388, remarks that the general dietetic treatment of epileptic patients is of the utmost importance. Mental or bodily over-exertion must be strictly forbidden. Excesses in eating and drinking must never be allowed. Alcoholic, strong coffee or tea, and smoking are only allowable in extremely small doses (and may be better entirely prohibited). The diet should be simple and non-stimulating, more vegetable than animal food. Purely vegetable food and a milk-diet can be extolled for many a lasting amelioration. The individual constitution of the

patient also deserves our consideration, whether we have to deal with plethoric, corpulent persons or with anæmic and weakly ones. Hydropathic treatment, especially in institutions established for that purpose, ought never be neglected. Cold ablutions of the body, followed by a thorough rubbing down, act very favorably in most cases of epilepsy.

Eichhorst (Pathology iii. 268) speaks in the same manner: Prophylaxis is indicated with regard to the children of epileptic parents. A mother, who is epileptic or comes from an epileptic or neuropathic family, should not nurse her own child. The children should be brought up with special care and should avoid bodily and mental strain and sudden mental excitement. *The regimen constitutes an important part of the treatment of epilepsy.* Stimulating drinks (alcoholics, tea and coffee) and articles of food which are difficult of digestion should be interdicted, and early evacuation of the bowels should be secured, and plethoric individuals may take a cure at Carlsbad, Kissingen, etc., (Richfield and Sharon in New York, the Virginia Sulphur Springs, suffice for our American patients). Excesses in *Baccho et Venere* must be strenuously avoided. Cold baths must be used with caution, since they sometimes prove too stimulating; baths should never be taken except in the company of another person. Benefit may be derived from tepid baths, at a temperature of 26°R. for half an hour every other day.

Berger (Eulenburg's Encyclopædia, iv. 725) cites Heberden: *Duo epileptici ab omni cibo animali obstinuerunt et sanati sunt.* Ancient physicians considered mental and moral treatment of the utmost importance and Esquirol insists upon that by changing the usual routine treatment, by insisting upon strict hygienic and dietetic measures and seeing to it that they are minutely carried out, the physician arouses a hopeful feeling in his patient, which will lead at least to a great amelioration. Berger then gives the same rules according to the regimen as given by other German authors.

Nothnagel (Ziemssen, xii. 2, p. 267, German edition), raises a warning voice, not to treat all cases of epilepsy alike, and insists upon that strict individualization is as necessary in that disease as in any other. A physician who treats every case according to the ruling fashion of the day, be that bromides or nitrate of silver, oxyde of zinc or valerian, gymnastics or hydropathy, has no right to complain of his ill success. Plethora or anæmia or that unknown something which gives us these delicate constitutions, all of these must be taken into account in formulating our plan of treatment. Thus it is a well known fact, that



epileptic fits are of greater frequency and severity when some skin affection was removed, and they disappeared with the reappearance of the eruption. These and analogous relations deserve our most careful considerations. In relation to diet Cheyne records the case of an epileptic physician, whose paroxysms were reduced to a minimum, when he ate little and only easily digestible food. In consequence of this, his own observation, he lived on water and two litres milk, which he kept up for fourteen years and recovered. But an exclusive milk diet will also not suit every patient. As a general rule it may be stated that, where there is no direct necessity to a strengthening diet, epileptic patients will do well to limit themselves to a vegetable and milk diet. It is a wrong idea to interdict entirely mental labor, the too much of anything is the rock on which our treatment strikes and fails. The same may be said of bodily labor. Moderate walks, moderate gymnastic exercises are well-borne, but must never be carried to the point of exhaustion. Sometimes a change of life acts favorably, as when the sedentary bookworm tries the pleasure of out door life and works in his garden.

There is one work which I cannot too highly recommend and which every physician ought to have, not only in his library, but also in his head. I mean the *Manual of Dietetics*, by I. Milner Fothergill. Page 216 he treats of food in neurosal affections and teaches: The capacities of the assimilative and constructive powers must be calculated in each case and the digestibility of the food must not be lost sight of in the calculation. Small meals of suitable food at short intervals are the line of feeding to be taken. Fish with butter should form a conspicuous factor in the dietary. Milk puddings are good. As a beverage, cream with seltzer water or other aerated water is capital. Creams of all kinds are good. Salads with oil suggest themselves; stewed fruit and cream ought to form a staple dish. A highly nitrogenized dietary—and he calls lean meat “liver stuffs”—is not only without advantage, but actually possesses positive drawbacks. The brain is not fed thereby, but in its weakened condition is annoyed and vexed by these “liver stuffs.”

My task is finished. I trust when the fourth edition of that excellent work, “*Raue's Pathology*,” appears, that dietetics in the different diseases will be fully treated, so that the young practitioner, perhaps just from his lectures, may know how to treat diseases also from a hygienic and dietary standpoint.

Many of our best and most successful physicians do wrong when they insist upon it that there is only *one* law of therapeutics, which is

true when we add to it "as far as drug action is concerned." There are *laws of health*, which must be strictly obeyed if we intend to keep well, but when transgressions are committed, we must know how to remedy the acts of omission and commission. In knowing the laws of health we also know the laws of cure in so far as hygiene and dietetics are concerned, and health can often be re-established without taking recourse to medicinal agents.

Several times I have been consulted by younger members of our school in relation to the treatment of epilepsy. Their whole idea concentrated itself in the question: what remedy is indicated? And it was news to them when I showed them the necessity of a suitable diet, of cleanliness and of moderation in some things, and of total abstinence in others. If one suffering human more is relieved or saved from this loathsome affection by having the attention of his physician drawn to this point, my little labor is more than rewarded.

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L'HÉRÉDITÉ DANS LES MALADIES DU SYSTÈME NERVEUX,  
PAR J. DEJERINE.

TRANSLATED BY S. LILIENTHAL, M.D.

In the *Wiener Medizinische Wochenschrift*, 39-41, we find the following abstract from the work of the celebrated French author:

Modern pathological studies lean especially to the study of *Ætiology*. Microbes are considered as causes of infectious diseases, whereas in a whole line of chronic diseases, especially of mental and nervous diseases, heredity ranks as of the most importance.

The causes of heredity are unknown to us, being only part and parcel of the question in relation to the cause of life, which also remains unanswered. Though Darwin, Haskel, Beneden, Weissman, and others theorize about it, it must suffice to know *the laws of heredity*, as given by Darwin, and which take in all the qualities of the organism, thus also its morbid dispositions. We must consider heredity in its widest sense, understanding thereby not the transfer of the same disease by procreation, but that the most diverse nervous and mental diseases stand in hereditary relations one to another, or in other words, that the heredity may not be only *similar* (homologous), but also *dissimilar* (heterologous). The more the physicians examine this point among their clientele, the stronger will be the confirmation of this truth, though many difficulties will be found in its elucidation. Too often people will not acknowledge the hereditary load, especially



of a psychical nature ; very few know anything even of their grandparents, and perhaps we ought also to consider the old saying—*mater certa, pater incertus*. It is still an open question, whether heredity in the nervous system arises from inhibitions of development, as Arndt, Schultze, and Pick assert, whereby some sections of the nervous system, remaining in a quasi embryonal state, become the basis of the diseased state.

Heredity is *direct* (from parents or grandparents) or *indirect* or *collateral* (from the brothers and sisters of the parents), and, as already mentioned, similar or dissimilar. Nearly every psychosis is of hereditary origin, when we consider in the ascendants not only psychoses, but also neuroses, cranks, eccentric people, vice, crime, even gamins, for Moreau de Tours showed, that in the families of mentally great men cases of mental weakness, idiocy and dementia are not rare. Among the psychoses, melancholia and mania play the least important part, outside influences the most important. We find heredity more accentuated in *vesania*, and most decidedly in intermittent psychoses.

The coexistence of different diseases of the nervous system was demonstrated by Magnan, e. g., of epilepsy and insanity, whereas these diseases appeared separately in the ascendants. They may exist side by side, without being a hybrid mixture of the original diseases. Alcoholism, epilepsy and melancholia may be combined in one person, of which the first may be rapidly cured, the second slowly, and the third may persist for a long time.

Though all psychoses have heredity more or less for a symptom, Morel and Magnan distinguish a peculiar group of hereditary psychoses, meaning thereby that we find in such patients peculiar symptoms of somatic and psychical degeneration, stigmata, which are mostly the result of accumulated (converging) heredity from paternal and maternal line. Though many fail to accept such a division, still they acknowledge that heredity stamps its own peculiarities on mental diseases ; here we not only mention dementia and idiocy, but all the so-called monomanias (dipsomania, kleptomania, agoraphobia, gambling mania, onomatomania, arithmomania, doubting mania, koprolalia (the involuntary use of obscene language), the anomalies of the sexual sense, etc.,. Thus, for example, there is a difference between the insane idea of a so-called primarily demented and that of degenerated dementia, in the suddenness with which it sets in, changes and disappears in the latter ; but no strict division can after all be made between the usual and degenerate mental affection. Some admit in-

tra-uterine and infantile inhibitions of development among degenerative psychoses, though heredity fails to be demonstrated.

Heredity of epilepsy was already taught by the ancients, and the studies of Esquirol, Moreau de Tours, Voisin and Ach. Foville removed every doubt that of the children of epileptics—one-fourth or nearly one-half are either epileptic or mentally affected. Echeverria found the proportion somewhat less (14·10 per cent.), but it is remarkable how many succumb at an early age to convulsions (15·62 per cent.), others suffer instead from hysteria, paralysis, idiocy, lunacy or chorea. Bourneville reports a remarkable case: the epileptic father of an epileptic woman married twice; of the eight children of his first marriage all died of convulsions, except that one epileptic girl. With his second wife he had nine children; eight died in convulsions, the youngest one, then eighteen months old, was then still enjoying good health. The transfer from father to son, or from mother to daughter (Darwin's pronounced direct heredity) is far more frequent as from the ascendant of one sex to the descendant of the other sex (Darwin's pronounced cross heredity). Statistics, taken only from hospitals, fail to give us perfect results, thus Bourneville's statistics of the Salpêtrière and Bicetre show in most cases the neuro-pathic disposition (among 350 epileptics 66·8 per cent.), showing itself in alcoholisms 51·6, migraine 24·5, epilepsy 21·2, psychoses 16·8, hysteria and hysterio-epilepsy 11·3, suicide and attempts of suicide 7·3, convulsions 6·1; here also dissimilar heredity is more often observed than similar one.

In *Hysteria* heredity is acknowledged by all authors. According to Briquet 25 per cent. of hysterical patients are neurasthenic. Most often hysteria is found in the ascendants, then epilepsy, convulsions and mental alienations. Male hysteria suffers from a yet greater load; 77 per cent. are neuropathic, of which 55 per cent. show direct similar heredity, according to observations in the Salpêtrière. Heredity is more grave, the younger the patient is at the appearance of hysteria. It may appear in the same form in the ascendants and descendants, or it may combine itself in the same patient with mental disturbances, and according to Féré, in such a manner, either that the hysteric attack is combined with deliria, or that the psychosis appears separately; or hysteria may combine itself with any neuropathia. Landouzy showed the close connections between arthritismus and nervousity.

In the ascendance of *chorea* we mostly meet hysteria, epilepsy, neurasthenia, psychoses, more rarely chorea itself. Rheumatism in



the parents is blamed for its appearance in the children. Articular rheumatism, cardial affection and chorea in the same person, stand in close connection, according to French and English writers, whereas the Germans consider it only an accidental coexistence. Prior found only 5 per cent. of his choreatic patients suffering from this complication, and Dejerine brings arguments against the connection of rheumatism and chorea, the latter being a disease of childhood and puberty, whereas acute articular rheumatism and endocarditis are more often seen in later years. Choreia is more frequent in girls than in boys, and the reverse holds good in rheumatism. The important part, which moral impressions play in the development of chorea, is an argument against its rheumatic nature. Dejerine considers as the true cause of chorea nervous heredity of similar or dissimilar nature. With such a disposition articular rheumatism, acute infectious diseases, pregnancy or moral causes may develop the disease. Per contra, hysterical manifestations, the globus hystericus, constriction of the throat, spasms, points douloureux of the spinal column, ovarism—the latter according to Marie in half the cases—are so frequent that Marie doubts whether chorea is not a particular form of hysteria. All mental affections may combine themselves with chorea, from mere ill-humor to the most severe mania and dementia.

The more rare, so called *hereditary chorea*, first described by Huntington of Long Island, usually appears in persons of 30 or 40 years of age, hardly ever later, lasts 20 or 30 years and is always of ominous progress. It passes from generation to generation; as soon as a generation is omitted it ceases. Very instructive is the genealogy given by Peretti, where the hereditary chorea existed through three generations in twelve members and showed itself yet in the fourth generation by grimaces and twitchings of the extremities; in five of the nine choreatics of the third generation mental disturbances were present. In another genealogy given by Clarence King, hereditary chorea was present in four generations, and ten of twenty-five members suffered from it.

In *Paralysis agitans* (Morbus Parkinsonii of Charcot) the cases of direct, similar and homochronous (appearing at the same age) heredity are rare. More frequently we find diverse neuroses among the ascendants and descendants. It is sometimes connected with mental disturbance.

Nobody doubts any more the hereditary influence in *Morbus Basedowii*. Irritability and change of character are usually present and sometimes precede the disease. This was formerly not observed, be-

cause they looked for the whole trinity of symptoms, whereas we now know, that increased palpitation and trembling, even without struma and exophthalmos, allow the diagnosis of that disease. Heredity is in rare cases similar, direct or collateral; in the latter case often combined with hysteria. Most frequently we meet hysteria in the ascendants, or vesania, epilepsy, more rarely general paralysis.

The frequency of *Convulsions* from most diverse causes in neuro-pathic children is already mentioned by Trousseau, and according to Bourneville, they may be the prelude of genuine epilepsy. Just as in epilepsy, so also in eclampsia infantum, a blood-relationship of neuro-pathic parents, procreation during a drunken spree or disturbances of pregnancy may cause it, and it is a well-known fact that nurslings may have convulsions when the nursing woman shows nervous manifestations during nursing.

*Eclampsia puerperalis*, *convulsive uræmia* are only observed in neurasthenic people, where pregnancy and the lying in state are the cause. The same may be said of *Laryngismus stridulus*, *tetany* and *functional (writer's) cramps*.

The epidemic appearance of tetany reminds one of hysteria where infection follows by suggestion. Functional spasms are so difficult to remove on account of the nervous disposition. Gallard reports a patient, whose mother and sister suffered from the same affection.

Though heredity can often enough be demonstrated in *Neurasthenia* still Dejerine considers it the only disease which may be produced in a robust person by weakening psychical and physical causes, especially by worrying overwork, though he may be free from any hereditary taint. Neurasthenia is therefore more frequently observed in city life, and here more among the better situated classes. It is the disease not exactly of our age, but of any highly developed civilization.

According to Legrand du Saulle and Mœbius *Neurasthenia* forms the germ of the disease from which, under the influence of heredity and predisposing causes, hysteria and the most diverse psychoses may develop. Admixture of healthy blood (divergent) weakens the hereditary influence so that we meet among the descendants only simple neurasthenia; an accumulation of hereditary influences (convergent) through both parents produces grave neuroses and finally the extinction of the race from physical and psychical degeneration. Converging heredity is also the cause of the degenerescence and extinction of dynasties and of noble families, where diseases are kept up by intermarriages of blood relations and of scions heavily weighted by diseased germs. Hence the frequency of nervous diseases and



psychoses in races where intermarriages prevail and where no admixture with other races is allowed.

Dejerine's description of *general paralysis* is not very clear, corresponding to the chaotic state of a disease, which is still not fully understood. Heredity, sexual excesses, potus and mental over-exertion are blamed for it. In relation to the former, we know that they are already the sequelæ of a disturbed nervous life, and mental over exertion alone does not suffice to produce it in an otherwise healthy person. It stands in the same relation to syphilis as tabes does. Whereas some (Mendel) put it as high as 75 per cent., others (Svel) reduce it to 11 per cent., though all agree that syphilis weakens the nervous system and hastens its diseases.

Schultze and Pick consider inhibition of development as a frequent cause of spinal affections, but the proofs are still wanting, except in Siringomyely.

*Ataxia locomotrice* is very rarely caused by direct heredity, though we find the patients subjects of a nervous disposition. Even syphilis alone cannot produce it, or else we would meet more often this disease, especially as syphilis disposes its products irregularly, whereas tabes is eminently a systemic disease, and specific treatment too often fails to be of any benefit. Landouzy and Ballet declare that in tabes the neuropathic disposition is of more importance than syphilis. Catching cold or rheuma may give its first impetus to it.

Maeli found in 19 per cent. of tabetic patients mental affections, especially melancholia, delusions of persecution, hallucinations, and Westphal led our attention to general paralysis; atrophy in the optic nerve, observed in about 13 per cent., is more frequently observed in tabetics suffering also from mental affections.

In *hereditary ataxy* of Friedreich, the direct and, more frequently, the collateral heredity belongs to the symptom-complex. Still we meet also here dissimilar heredity, as most diverse neuropathies and psychopathies, and arthritis in the ascendants. The autopsy revealed in some cases, multiple sclerosis (Charcot), or combined sclerosis of the spinal cord (Kahler and Pick).

An eminent example of direct similar heredity is *Thomson's disease*, myotonia congenita of Erb. Thomson observed it through five generations, and also hints to the psychoses in his own family, a great-grandmother and great-great aunts being thus afflicted. In some cases of Thomson's disease other nervous diseases were hereditary.

In *amyotrophic lateral sclerosis* Charcot could not find any heredi-

tary influence, neither in the ascendants nor descendants, though Ferri records a case.

*Tabes spastica* or spastic spinal paralysis (Erb, Charcot) is eminently a family disease. In the affections of the *anterior columns* (infantile paralysis, acute spinal paralysis of adults, progressive muscular atrophy) neuropathic disposition is often inherited.

In *bulbar paralysis* not enough attention had so far been given to heredity.

In the *muscular atrophy without lesion of the nervous system* (progressive muscular atrophy of children—Dushenne, or myopathic atrophique progressive—Loudouzy and Dejerine) hereditary origin is the rule. The same may be said of the juvenile form of pseudo-hypertrophy of Erb.

In *multiple sclerosis and acute myelitis* no heredity could be detected, but the myelitis accompanying general paralysis, whether of systemic or non-systemic nature, is often of hereditary origin (Westphal).

Heredity in the local asphyxia of the extremities of a vasomotor neurosis is not proven, though not rarely observed in hysterical insane persons.

*Hemiatrophia facialis* is observed in company with Friedreich's disease, chorea, epilepsy. Similar heredity is rare, though observed in neuropathic families.

In febrile deliria the neuropathic disposition plays an important part, but we must consider also all hereditary diseases affecting nutrition, as phthisis, scrofulosis, arthritismus.

In *hemiatrophia cereбрalis* its infectious origin was demonstrated by Strumpell, Jendrassik, Marie and Richardière. Inhibition of development must also be considered one of its causes.

Neuropathic heredity is not found in tuberculous and syphilitic lesions of the nervous system. The same may be said of affections of the spinal cord in consequence of infectious diseases, especially of diphtheritic paralysis.

The *habitual use of poisons* hints strongly to neuropathic heredity. Persons easily fatigued by mental or physical exertions are the ones which readily addict themselves to stimulants, be it alcohol, tobacco, coffee, morphine, cocaine, etc., and we may well cry out: *medicina peior morbo*. Habit produces the abuse with all its consequences in the individual and in his descendants. Silvio Venturini considers the mere use of tobacco as a symptom of degenerescence, and he is certainly right in relation to its abuse. Esquirol considered



the inordinate desire for stimulants an expression of a morbid affection. "N'est pas alcoolique qui vent," says Lasegne, and this predisposition explains why some alcoholics have a tendency to mental alienations. Where toxic deliria are once established, they become a powerful cause for degenerescence in the descendants. The poisons, especially alcohol and cocaine, become also dangerous to society by aiding degeneration of the whole race, and it is a well established fact that the children of drunkards or those begotten during intoxication are disposed to convulsions, epilepsy, and mental alienations. All experiments to prevent their use and abuse will fail, as long as people have to fight their way through life, for often only thus they feel themselves able to carry on their labors, and as long as the workingman cannot command sufficient food for his sustenance, he will cling to his stimulant.

But also in relation to other poisons, which against our will penetrate into our organisms, the tendency to nervous symptoms, e. g. paralysis, or eclampsia in lead poisoning, is based on heredity.

Just as the disturbance of nutrition and function of a nerve-cell becomes an heirloom, so also may it happen in other cells; where we have to deal with diseases of tissue-change, when the product, of disturbed nutrition accumulate in the organism (obesity, arthritis, diabetes). In fact genea'ogical connection between diseases of tissue-change and neuropathies and psychopathies can often be clearly demonstrated.

Trauma and moral *choc* produce neuropathies and psychopathies only in a soil prepared for it. In relation to trauma the paralyzes, contractures, anæsthesiæ, etc., which appear in hysterical and neuropathic patients are interesting, as they simulate so closely an anatomical lesion in loco affecto.

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#### SUGGESTIONS FOR AN ANATOMICAL SOCIETY.

(An Inaugural Address before the Anatomical Society of Allegheny County, Pa.)

BY C. C. RINEHART, M. D., OF PITTSBURGH, PRESIDENT.

FELLOW-MEMBERS OF THE ANATOMICAL SOCIETY.—At your last meeting you honored me by electing me to preside at the meetings of the Society for the ensuing year. For this evidence of your esteem and confidence I heartily thank you.

The officer preceding me has been so efficient that I have a natural hesitancy about assuming the duties of the position; however, with your indulgence, I will endeavor to fill the chair creditably.

Anatomy is the foundation study upon which the whole superstructure of medicine is built. To the surgeon it is the "*sine qua non*." Without accurate anatomical knowledge, but sorry work can be done in surgery. The surgeon must know where to cut with least danger, and what to avoid in operating on the living body, for the life of the patient frequently depends upon the surgeon's knowledge of the relative anatomy of the vital organs; and only by patient, persistent use of the scalpel in actual dissection can this accurate knowledge be acquired. "There is no royal road to learning" by which excellence may be attained without hard study and patient digging among the tissues. The man who hopes to "scale the steep Parnassus" through by-ways and flowery paths and easy methods, will find opposing him insurmountable barriers.

The debt we owe to Vesalius and men of that stamp, who, in the face of the most violent opposition, had the love of their chosen profession so much at heart that they faced all manner of difficulties cheerfully in order that they might perfect their knowledge and benefit mankind, can scarcely be computed. Ours is a comparatively easy task, made so largely by the unceasing endeavors of these heroes of the closet.

With very few exceptions the science of anatomy may be said to be perfect, and it is our privilege to gather the fruits of the labors of those who have not hesitated to "burn the midnight oil" in gathering and classifying for the benefit of their fellow-men.

In olden times it was a penal offense to desecrate the human body, and the older physicians were compelled to rely upon dissection of animals for their knowledge of anatomy. Vesalius braved public opinion and laid the foundation of a better knowledge. Now, every avenue is open to us.

Recognizing the necessity of having thoroughly educated physicians, the laws have been so constructed that every medical college has abundant "material" for dissection, and societies not connected with colleges need have no difficulty in securing subjects.

"No storied urn or animated bust" may mark the last resting-place of these iconoclasts, but they are enshrined in the memory of those for whom they labored, and the profession to-day, who are benefitted, hold their fame in monumental remembrance.

"For them no more the blazing hearth shall burn,  
Or busy house-wife ply her evening care,  
No children run to lisp their sire's return  
Or climb his knees the envied kiss to share.



"The boast of heraldry, the pomp of power,  
And all that beauty, all that wealth e'er gave,  
Await alike the inevitable hour;  
The paths of glory lead but to the grave."

While, so far as their physical selves are concerned, they are dead, there remains the immortality gained by their researches; and if there be consciousness after death, they are even now reaping the benefit of their labors.

The prophets of old, so says the sacred book, were driven from city to city and stoned, so that life to them was a burden, nevertheless they hesitated not to proclaim the truth.

No great reformer's labors were recognized by the generation among which he lived. His remuneration has always been sneers and contempt. Harvey, whom we hold in such high esteem, was laughed at by the older members of his profession. Jenner's discoveries were treated with ridicule and our own Hahnemann was fearfully persecuted because of his discoveries.

Avenues of discovery and usefulness are open to us, and who knows whether there may not arise even here in Pittsburg, in this little Society, one whose name may, by virtue of the excellence of his labors, be placed on the honor roll of the centuries.

In an instructive and educational sense the proper work of this Society, and that for which it was organized, is dissection and lectures and demonstrations upon the cadaver. For some years, however, "and pity 'tis, 'tis true," this feature has been abandoned, may we hope to see it revived again at an early day.

The meetings since have been employed, and profitably too, with essays upon different branches of the great subject of anatomy. Last year the anatomy, descriptive and pathological, of veins, has occupied your attention.

During the coming year I would suggest a series of essays or lectures, on special organs, all of which would be capable of illustration and demonstration and might be made very attractive and full of instruction. The subjects I have thought to suggest are as follows:

The Eye—The Ear—The Nose—The Pharynx, Larynx and Trachea—The Lungs—The Heart—The Liver—The Kidneys—The Uterus and appendages—The Male organs of Generation—The descriptive and surgical anatomy of the Perineum; and the surgical anatomy of Hernia, equival and femoral.

If a course such as that indicated meets your approbation, I see no reason why, if we enter into our work with a measure of the zeal

shown by the old masters, this may not be an exceptionally profitable year in the direction of added knowledge. Let us put our shoulders to the wheel and add to the lustre of the name of this Society. Again I thank you.

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## Correspondence.

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### SECTIONAL WORK IN THE INSTITUTE.

Editor HAHNEMANNIAN :

In view of what has been written by yourself, Dr. Talbot and Dr. Strong, on the conduct of bureau work, in the American Institute, and as a result of my own observations in Institute meetings, I desire to lay before you, as chairman of the special committee having the subject in hand, my views as to required changes.

I fully concur in what has been said by the *N. E. Gazette*, as well as by yourself and others, in regard to the evils resulting from our old methods.

With my friend, Dr. Talbot, I have endeavored to encourage the concentration of our workers, so as to have more thorough elaboration of the subjects taken up by the several bureaus.

It was my move to have each bureau confined to one special subject, each year, in order that the papers upon it should be exhaustive and furnish a text-book, showing all that might be new and important down to the time of writing. But the various chairmen have strangely misconstrued the term "special," as mentioned by yourself and Dr. Talbot. Glaring examples are apparent in the display of subjects announced by the different bureaus this very year.

It may be remembered that, repeatedly, during the reports of bureaus, I have raised objections to the reading of papers not upon the special subjects. Members bringing in papers on all manner of topics, have been greatly offended with me for trying to have the rules of the Institute enforced. So many come to our meetings only when they have some wonderful case to report, expected to bring fame, if not fortune, by a display of its details, it is not easy for those who love order and systematic work, to prevent their trampling upon all good rules and regulations.

I am glad, therefore, that this matter of bureau work is in hand by a committee, so well composed and able as yours is known to be.

Allow me to suggest the great objects, in view, by an organization



like the American Institute. Following my favorite method let us advance by exclusion.

1. A medical society is not intended to furnish elementary instruction.

2. A medical society is not intended for the presentation of treatises, that should appear as monographs, in book form.

3. A medical society is not intended for the reading of essays and articles, that should reach the profession through its periodical literature.

Leaving out elementary instruction which should be had at our schools, dissertations that are better considered in book form, and communications that require only a quiet reading at the fire-side, what have we left?

Simply this—*reports and brief essays, of general interest, calculated to call out the observations and experiences of busy, thoughtful practitioners, who never write books and seldom contribute to the pages of a journal.* The scientific-social idea should dominate in society proceedings; and the reading of papers should be merely to open discussion, to draw out fresh, living thought, where it may at once be met with concurrent or counter thought, to the end that truth and improved methods may appear.

It is my deliberate conviction, after a long and close observation of Institute work, that the members, gathered from all parts of America at our annual sessions, are more pleased and profited by the sharp, quick exchange of views, brought out by brief and well considered papers, than by any other work done. In the American Association for the Advancement of Science, and in the American Public Health Association, the executive committees determine which papers, contributed by members, shall be read and discussed in the several departments. The reading of all the papers is not thought of; nor is the publication of them considered best.

In the Institute, as organized, it may be best for the chairman of each bureau to determine which paper, coming into his hands, bearing upon the special subject announced, shall be read in general session, for the purpose of leading the discussion. After the next annual session it should be provided, that only one paper be written and read, from each bureau, the members not writing being designated as speakers to lead the discussion.

Some of the bureaus may desire a separate session, a sectional meeting, but I am quite sure all of them would not.

Those desiring it could have the entire afternoon, as suggested by the *Gazette* and seconded by Dr. Talbot. The morning and night

sessions of the general body would be sufficient for business, and the reading and discussion of single papers, as I propose.

Our important part of the duties of a bureau chairman, however, should not be lost sight of—the presentation of a *résumé* of important discoveries and improvements in the field presided over by his bureau. This should precede the reading of the paper intended to bring on discussion.

And, furthermore, the paper read should be of a character interesting and instructive to general practitioners. Subjects more technical or special, calculated to interest specialists more than general practitioners, should be read in sectional meetings. It seems to me, by a conference with the several bureau chairmen, you could ascertain how many and which of them would desire separate, afternoon sessions for the reading of papers, report of cases and transaction of other business.

I am sure it will never do to have all the scientific work of the Institute done in sectional meetings. The experience at Brighton Beach plainly demonstrated the futility of such a plan. Sectional work must be only an extension and specializing of the work in hand by the whole Institute.

In common with yourself and others, who have written, I am sorry to see so many chairmen of bureaus who have no proper conception of the duties incumbent on them, who are not able to plan or execute what is clearly necessary; and so many men accepting place on bureaus, who fail to realize the importance of promptness, concentration and brevity in what they write.

Let us have less reading and more discussion, less printing of elementary and well-worn matter and more that is fresh and instructive.

For the increased efficiency of the Institute,

I am yours, fraternally,

J. P. DAKE.

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#### THE MICROSCOPE IN HOMOEOPATHY.

EDITOR HAHNEMANNIAN :

Your report of the Pa. Hom. Med. Society at its last annual meeting was very interesting to me. Among other matter the following sentence particularly attracted my attention: "Dr. Cowley asked Dr. Korndorfer for the microscopic evidence in favor of the small doses."



If I am not greatly mistaken this same Dr. Cowley, much to my delight and admiration, gave me a lesson in pure Homœopathy and in favor of small doses many years ago. While I was delighted with the proof of the homœopathic law in the success of the thirtieth attenuation of the properly chosen remedy, and admired the courage of the then student Cowley in prescribing it, I could not help being chagrined and ashamed at my own temporary lapse from true homœopathy. I had already been a practitioner for about fifteen years and although my best cures had always been accomplished with the 30th centesimal according to Hahnemann yet in the case I am thinking of, I was led by two circumstances to depart from my usual practice. One of these circumstances was, that I believed the patient to be suffering from typhlitis or perityphlitis; and the other was that my patient was a professional brother who did not believe in anything higher than the 6th centesimal and preferred much lower attenuations, having been a student of Dr. Neidhard.

I treated him with various remedies (I do not now remember what) in low attenuations applied poultices and used enemias, all to no purpose. On the third day we concluded that we must have assistance from Philadelphia, and we sent an urgent request to Dr. Neidhard to visit his former student. He was not able to go himself but sent Dr. David Cowley, then a student in his office. Dr. Cowley examined the case closely, made his notes and went to work to study the pathogenesis with the aid of Hering's *Jahr*. He advised me to give *Pulsatilla* in the 30th attenuation which seemed to me remarkable coming as he did from Dr. Neidhard's office; but as the advice agreed with my knowledge and belief, I was glad to follow it. Very soon the urgent symptoms were relieved and the next day the patient was nearly well. To the best of my recollection Dr. Cowley did not express an opinion as to the name or nature of the attack; he simply went to work to collect every symptom, even the most minute, selected the remedy that most nearly covered all, and gave it in the minute dose. This is the only true Homœopathy. It is scientific. The use of homœopathic remedies on any other plan or system is theoretical and empirical. Possibly this opinion, so positively expressed may not agree entirely with your own, Mr. Editor; if so, I am sure you will bear with me.

In my opinion all this work with the microscope over our attenuated remedies is useless. The time spent in trying to discover with that instrument whether an attenuation possesses remedial power, is worse than wasted: it is pernicious, inasmuch as it tends to destroy the confidence of veterans in their best experience and to drive the younger members of the profession away from homœopathy altogether.

Several years ago I was much interested in the researches and experiments of Prof. J. Edwards Smith made for the purpose of testing the purity of sugar of milk and its adaptability or inadaptability as a neutral vehicle for attenuations. I began to fear that we had nothing that would serve as such a vehicle. But further thought convinced me that those experiments proved nothing except that one specimen was less pure than another. The blood of the animals from whose milk that sugar was obtained, doubtless contained all the elements discovered in the sugar; the milk itself contained them and they probably belonged to the milk sugar as its necessary constituents. It may well be doubted whether milk sugar would be milk sugar without those elements.

Begging your pardon for inflicting on you so long a letter, I remain

Very truly yours,

M. J. RHEES,

Dec. 8, 1886.

Wheeling, W. Va.

NOTE.—The above letter was written before its author was informed of Dr. Cowley's decease. In justice to both, it ought to be stated that Dr. Cowley continued to prescribe the attenuations named, until his death. Such, at least, is our impression. He evidently asked for "microscopic evidence" for the purpose of eliciting Dr. Korndærfer's views respecting their value,

ED. H. M.

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#### INSTITUTE TRANSACTIONS WANTED.

HOMŒOPATHIC HOSPITAL, W. I., NEW YORK, Jan. 15, '87.

EDITOR HAHNEMANNIAN:

I am preparing a general index of the Transactions of the American Institute of Homœopathy, which will include the session of 1887, making in all forty sessions. To do this I need the vols. for '44, '45, '46, '47, '49, '50, '51, '52, and '57. If there are any members of the Institute who have duplicate numbers of these years, they will confer a favor by communicating with

T. M. STRONG, M. D., Prov. Sec'y of the Institute.



## Editorial.

### THE LATE PROFESSOR A. E. SMALL, M. D.

Alvan Edmond Small, M. D., whose decease was mentioned in the January number of this journal, departed with the old year, having completed his life work with rare honor to himself, and vast benefit to his fellow men. On the thirtieth of December he appeared to be in health, and visited and prescribed for patients as usual. The next morning, soon after rising, he suddenly complained of suffocation, and in a few moments breathed his last, in the midst of his family. Thus ended a professional career of almost half a century, nearly forty years of which, had been spent in the very fore-front of American medical progress.

Dr. Small was born March 4, 1811, at Wales, Lincoln County, Maine. His parents were of Scotch descent, and his father, Hon. Joseph Small, was for several terms a member of his State legislature. The son obtained his academic education in Monmouth, Me., and his medical education in the offices of Dr. Israel Putnam, and Dr. H. B. C. Greene, of Saco, Me., and in the medical department of the University of Pennsylvania, from which institution he graduated in 1841.

The first four years of his professional life were spent in Upper Darby, Delaware Co., Penna. Beginning practice as an allopathist, his second year found him accepting the doctrines and espousing the cause of Homœopathy. In 1845 he removed to Philadelphia and in 1848 became a member of the Faculty of the Homœopathic Medical College of Pennsylvania, then just organized. The record of his appointment is somewhat obscure. The complete formation of the faculty was a slow and uncertain

process. Dr. Small was, at first, nominated for the Chair of Chemistry, but was not elected. On January 8, 1849, Drs. Small and Joslin—the latter of New York—were nominated for the Chair of Pathology. For some reason, on which the records are dumb, no election was had by the Corporators until the 8th of March, following the close of the first course of lectures, at which time Dr. Small was formally chosen. It is probable that he had been appointed “professor *pro tem*” at or near the beginning of the course. At any rate, there is not the slightest doubt that he delivered the course of lectures on Pathology during the session of 1848-49, and his name and title appear on the diplomas of the first class of graduates.

Dr. Small himself, in a letter to the writer, written last September, speaks of himself as “the only survivor of the original Faculty” and makes “honorable mention by name of my (his) highly esteemed colleagues of the first session,” etc. So that any future doubts on this subject can easily be set at rest\*. We believe he delivered the valedictory at the first commencement.

At the second session, Dr. Small's chair included both Physiology and Pathology. This position he retained until 1855, when he was transferred to the chair of Homœopathic Institutes, Pathology and the Practice of Medicine. In 1856 he resigned his chair, and removed to Chicago, Ill., where he resided during the remaining thirty years of his life.

\*It is worthy of note, that Walter Ward, M. D. was elected to the Professorship of Physiology at the same time—March 8, 1849. His name also appears on the diplomas of that year, but Dr. Small does not include him among his “colleagues of the first session.” Can any of our readers give the facts in reference to this matter?

At the organization of the Hahnemann Medical College in Chicago, in 1859, Professor Small, as we learn from *The Medical Visitor*, "was elected Dean, and was also required to fill the chair of Practice, and, on occasions, those of Physiology and Chemistry, all in the same session. Ever since, he has been connected with it in some capacity, and at the time of his death was the President of the Board of Trustees and senior member of the chair of Theory and Practice. The degree of Master of Arts was given to him by Delaware College in 1851." His labors in behalf of his profession, aside from his educational work, were noteworthy. His earnest and intelligent co-operation in medical society work and enterprises, from the local, up to the national, organization, furnishes a model that more of his brethren might well copy. At Institute meetings, his commanding form, his genial face and his hearty greeting, have enshrined him in the loving memory of hundreds of physicians. He was the author of a large work on Domestic Practice, which had an extensive sale, and quite recently prepared for the press a work on Practice for the use of the profession. He contributed numerous articles also to various medical journals.

If there was one quality of Dr. Small's character, that more than any other, impressed the casual acquaintance, it was his geniality and kindness. The natural benevolence of his nature shone through his eye and beamed from his face; it spoke through his voice and expressed itself in his hearty hand-clasp. His presence in the chamber of sickness must have inspired hope and courage in a high degree to those who were privileged to know him as their "physician." It has been said of him, that among his professional brethren he had not an enemy. It does not seem credible that one of his nature could ever have long

harbored a bitter thought toward any one. As he himself said in his eulogium on Professor Loomis, so it may be said of him—"He had qualities of heart and soul that endeared him to all who knew him; he had virtues that entitled him to the respect and confidence of his friends; he had qualifications and skill that told of his usefulness in life. Let us cherish an affectionate memory for all his virtues."

#### A COMPLETE ORGANIZATION OF THE MEDICAL PROFESSION.

To gather together into one body or organization all the practitioners of medicine and surgery in the United States, has long been the evident hope and expectation of many allopathic physicians. A prominent journal of their school, however, has expressed the view that such an attainment is not possible except under the operation of law, enforced by adequate penalties. But another journal—the *American Lancet*, for November, 1886, is exceedingly hopeful on the subject, and says "we are sanguine enough to believe that it can be wrought out, and must be, if the American profession shall attain the power to which it is entitled."

There is a world of significance in the last phrase of the above quotation. Of what possible benefit to our people could such an organization be, over and above that which grows out of medical organizations as they now exist. That medical societies are a benefit both to the profession and the public is freely and universally conceded, but could any legitimate and useful end be gained by having all physicians forced into one huge society? Rather than attempt a solution of the question, "why should physicians desire such an organization," it is easier to answer that other query—"why do they desire it?" Easier, because the *American Lancet* very pointedly intimates that the real object



sought, is that "the American profession shall attain the power to which it is entitled."

By "the American profession" the *Lancet* means the allopathic sect or faction of it. No one will for a moment suppose that the aforesaid journal has the slightest intention or desire to see all reputable physicians enrolled in its Utopian organization. There is a large and influential body of the most reputable and successful physicians in this country which the sapient editor of the *Lancet* would much rather not have in his much-dreamed-of society. Indeed there is much reason to believe that one of the objects for which he would like to see such a society established is for the very purpose of opposing and repressing these physicians and keeping them not only out of his pet society, but out of all other medical societies and out of the medical profession.

"That the American profession shall attain the power to which it is entitled" is a curious phrase. Does "the American profession" want the whole earth? It already possesses the "power"—we are speaking of the allopathic sect—to divert benevolent funds from their intended channel; to rob certain physicians of their rights in public medical libraries; to prevent people in public institutions from enjoying their right to choose their own mode of medical treatment; to filch homœopathic writings by the page and chapter; to steal an insane, hospital and to dictate terms to the Army and Navy. To what additional "powers," pray, is the American profession "entitled?"

The proposition really means that the physicians of the allopathic sect shall be organized into a huge medico-political party, for medico-political purposes, and that it shall be provided, by law, with power and authority to lash all hesitating allopathists into its ranks, and all unhesitating homœopathists and

other progressive physicians out of practice and out of the medical profession. Men are to be forced to enter this organization "by law, enforced by adequate penalties" (see *Journal of the American Medical Association*) and of course under such conditions as the majority may choose to dictate.

It is but another impossible scheme of the majority to control the practice of the minority. The public welfare has no place in it, any more than in any of its predecessors.

#### FOLLOWING FATHER HAHNEMANN.

The *Homœopathic Recorder* calls attention to one of the more recent utterances of the allopathic authorities on a subject upon which, in former times, homœopathists stood alone, viz: the doctrine that diseases generally considered local are, in reality, systemic or constitutional. The *Recorder* quotes from Hahnemann his very pronounced views and emphatic declarations on the subject, and alludes to the "ire, the sarcasm and contempt of his opponents" excited by the promulgation of this doctrine. The journal then quotes from the clinical lectures of Dr. Henri Huchard, the following very significant passages:

"In clinical medicine, one should not treat a disease, but the patient, and there are no local maladies, but the malady is localized. We should take into account the disease, the patient and the remedy. For the first, search the cause, its lesions, its complications, etc.; for the patient, regard must be had for the constitution, temperament, age, sex, physical strength, his surroundings, and especially the season of the year."

If Dr. Huchard, whom the *Philadelphia Medical Times* (allopathic) describes as an "eminent teacher" had but added "the patient's mental symptoms" to his list of indications for treatment, one might almost suppose that he was quoting direct from Hahnemann's *Organon*. So far as this allopathic teacher's injunction

tions go, they are the exact copy of the doctrines advanced by Hahnemann, and held by all his followers, probably without exception.

Thus the verdict of the ages is slowly but surely vindicating the derided and persecuted teacher, who more than any other physician that ever lived, gave character and quality and success to the medical practice of his followers and of his opponents alike, and to whom is due almost the sole and exclusive honor and credit of having placed purely medicinal therapeutics upon a scientific basis. It requires no unusual gift of prophecy to foretell yet other concessions to the teachings of this physician, than whom, "there hath not arisen a greater."

### Notes and Comments.

Is it not time for somebody to discover the tobogganococcus?

Why does the San Francisco College hold its session during the summer?

J. Martine Kershaw, M. D., has become the editor of the St. Louis *Periscope*.

The alcohol vice among the Swiss is said to be increasing with appalling rapidity.

A chair, made from John Hunter's bedstead, has been presented to the Royal College of Surgeons.

The Dental Journals are discussing the subject of "Implantation," and Dr. Younger thinks the difficulties have been overcome.

"Railroad Hospitals," have been established by two of our great Western lines—the Central Pacific and the Missouri Pacific.

"Scientific Medicine does not exist."—*Claude Bernard*. How does Claude Bernard know what goes on outside of his narrow world?

This Glorious Yankee Nation is drugged—and swindled—with 5000 patent medicines. And this G. Y. N. seems to like it.

To bacteria we are indebted for butter, cheese, vinegar, and even bread, wines, beers and spirituous liquors.—*Helmuth's Surgery*, 5th edition.

"What the inebriate needs is correction and reformation."—*Dr. Godding*. Very true; but his first and chief need is protection against outside influence.

The establishment of a Laboratory of Hygiene is being urged upon the Regents of the University of Michigan, by the Michigan State Board of Health.

The *Advance* opens its new volume with 104 pages of reading matter; and about 40 pages of advertising, which latter, we presume, is "reading matter" also.

"Those who can form opinions without facts are alone able, at present, to decide upon the merits of the latest work of the great Frenchman"—*Pasteur*.—*Progress*.

The clerks in a Boston book store spent half a day searching in the department of Political Economy for a copy of Dr. Engelman's work on "Labor among Primitive Peoples."

Dr. Alfred Drysdale intends to forward to the Ninth International Medical Congress a paper on Climatology, but "more as a test, than with any idea that it will be accepted."

In these days we have a class of men who are known as gynæcologists, and the modern woman has loaned them her uterus for the good of science.—*Mass. Ecl. Med. Journal*.

The manuscript of Harvey's "Notes" of his lectures delivered in 1616, reproduced by the autotype, are to be published. Their preparation antedates by twelve years the first publication of his treatise on the Circulation.

Dr. Wm. Bell, is mentioned by our British exchanges as having died at Eastbourne, December 14th. He had been a physician sixty years, and during a large portion of the time a leading homœopathist.

A case of typhoid pneumonia is reported in the *Chironian*, in which an allopathist—summoned after the homœopathic physician in attendance had been dismissed,—certified that death was caused by "a course of homœopathic medicine."



The centennial of the college of physicians of Philadelphia was celebrated on Monday and Tuesday, January 3rd and 4th. The exercises consisted of an address by the President, Dr. S. Weir Mitchell, a reception, banquet, etc.

Pasteur has "vaccinated" for rabies, thus far, about 2490 persons. Of these, 1726 were from France and Algeria, and of this latter number, 10 have died of hydrophobia. Pasteur estimates that without treatment the deaths would have numbered about 155.

The endowment income of Guy's Hospital, formerly amounting to about \$200,000, has fallen off, in consequence of the depreciation of its real estate, to about \$125,000. As a consequence its accommodations have correspondingly diminished from 650 to about 400 beds.

A writer recently startled the readers of the *Medical Press of Western New York*, by telling them that one of his patients had "vomited her jaw out." The excitement was only allayed when, a little farther on, the writer incidentally mentioned that the accident consisted of a double dislocation.

Nearly a thousand "symptoms" of Lac Caninum are published in the January number of the *Medical Advance*. Now if the "provers" will find out and tell us just which of them are *bona fide*, and which are spurious, we may be able to make use of the "drug" in practice.

The rain-fall at Santa Barbara, Cal., averages about 17½ inches per annum. From May to November there is little or no rain. The average temperature for January, is 53.25°; for July, 68.45°. On but fifteen days per annum does the mercury run above 82°, and but eight days below 42°.

The New York *Medical Record* in reply to the question—"Can we have a physiological action of any drug without chemical action?" says, "Certainly not. All vital phenomena are the expressions of molecular changes in the cells, and such molecular change is 'chemical action.'" That settles it. Now let us hear no more such foolish questions.

The spores of the anthrax bacillus will remain alive in distilled water for a

period of ninety days, and in polluted well-water for a year. So, at least, says Dr. Bolton recently; but Koch years ago learned that these same spores would "hang around" a stable and retain their virulence for at least four years.

Dr. W. H. Holcombe relates the following of his father, who was an eminent allopathic physician. Dr. H., Sr., was quite sick on one occasion, and his good wife insisted strenuously that he take some medicine. He refused absolutely to do it. Whereupon she said: "You give it to other people, sir." "Yes," he replied, "I do, and that's how I found out the humbug of it."—*Medical Era*.

A writer in the *College and Clinical Record* goes into ecstasies over the "numerous cases of almost every variety of disease, in which they (the minimum doses) have brought about a desired result, when all other plans of treatment had failed." But he fairly shouts for joy to think that this mode of administering medicines "does not compromise allopathy." It is "as good as a circus;" isn't it?

Physicians are in the habit of using the term "clientele," which signifies the condition of a client, when they ought to say "clientelage," signifying "the body of clients;" (see Worcester). Moreover the lexicographers do not seem to recognize in the word, any application to the relation which subsists between a physician and his patients, but only that between an attorney and his clients, or between a lord and his dependents.

It seems, from an article in the *Medical Age*, that the movement towards inducing the establishment of a new hospital in Detroit, Mich., was the result of efforts put forth by a number of allopathic physicians. The hospital is to be built, and yet those physicians are not happy. The institution is to be under the exclusive charge of homœopaths. How often it has happened that homœopathic influence, yes, and homœopathic money have been diverted to allopathic institutions! A little "turn-about is fair play."

The tenement houses of New York city seem to be losing the little reputation they have had hitherto. The *Morning Journal* reports that in the house 404 East Fourteenth street, containing 96 tenants, there were 13 deaths last year; 84 Clinton street, 66 tenants, 10 deaths; 65 Oliver street, 79 tenants, 8 deaths; 542 Monroe street, 76 tenants, 40 deaths in five years; 217 Mott street, 59 tenants, 19 deaths in four years, and so on. The condition of all that class of dwellings to-day is represented as inexpressibly filthy.

The earth, according to some astronomers, is losing time through two causes—the sun's attraction and the friction of the tides. The rate shortens the year by half a second in a century. As there are over thirty-one million seconds in a year, it follows that it will require something more than six thousand millions of years to bring the earth to a stand-still. — Cooper's *Journal*. About that time we expect to hear that the *New York Medical Times* has succeeded in its endeavor to induce Homœopathy to take down its sign and go out of business.

## New Publications.

KEY NOTES TO THE MATERIA MEDICA as taught by HENRY N. GUERNSEY, M.D. Edited by JOSEPH C. GUERNSEY, M.D., F. E. BOERICKE. HAHNEMANN PUBLISHING HOUSE, 1887.

This work will no doubt receive a hearty welcome at the hands of the many admirers of the late and lamented author. Of his conscientious labors in homœopathic therapeutics we need not speak, for his name stands as almost synonymous with painstaking study of symptomatology.

The editor has evidently tried to adhere to the exact expression of the author. The terseness of expression so characteristic of the author is commendable in the main, though we regret that to secure it in some instances clearness has been sacrificed to brevity.

That in work of this kind every experienced prescriber will miss some favorite characteristic is to be expected, but he should not look in vain for such

well known and oft corroborated symptoms as the "triangular red tip of tongue" found in *Rhus tox*; the changeable stools of *Podoph*; the headache from hunger so characteristic of *Cactus gr.*; the inflammation of the lymphatics in *Bufo*; the excessive *after-pains* of *Cupr met.*; the intermittent pulse and heart beat of *Spigel.*, as well as many others. Again under *COLCHICUM* we find "This remedy is to be thought of when we see a patient suffering from the effects of night watching, from the effects of hard study." Of the symptoms given under this remedy not a single one would lead to the above conclusion, as they all point to strictly rheumatic affections. Should not this sentence have been incorporated with *Cocculus*? This latter certainly has the condition in a very marked degree though the author has made no mention of it.

In the character of "Key Notes" this little volume will prove serviceable to the student and busy practitioner, though it is to be regretted that such errors and omissions have occurred.

The repertorial portion will be gladly received as valuable addenda by those who fortunately possess a copy of "Bönninghausen's Repertory." To others it can scarcely prove of material service owing to the lack of many of the important remedies under nearly all of the symptoms. Thus for instance under anxiety we find only *aloes*, *arsen.*, and *pulsat.*, mentioned, though *aconit.*, *camph.*, *digit.*, *rh.* and many others have it equally well marked. So also to hopelessness we should add at least *Arsen.*, *Calc. os.*, *Caust.*, *Graph.*, *Lycop.*, *Natr. c.*, *Rhus. t.*, *Sulph.*, all of which have the symptom equally marked with those mentioned.

The same objection may be urged against almost every paragraph in the repertory.

Such small works are certainly useful, owing to the fact that they bring within easy compass many of the prominent symptoms of our drugs, and consequently remove at least to a degree that feeling of helplessness with which the average student attacks the study of materia medica. At the same time it is a good rule to hold that the smaller the work the more exact and comprehensive should be the language of each and every symptom incorporated.



**DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION.** By R. Douglas Powell, M.D., Lond. Third edition, rewritten and enlarged, with illustrations, including two lithographic plates; being Vol. XI. of Wood's Library for 1886 (12 vols. in set, price, \$15.00). New York, William Wood & Company.

While this book is but an enlarged edition of the one by the same author on Consumption and on certain Diseases of the Lungs and Pleuræ, it has been so far rewritten as to entitle it to the distinction of being a new work. New chapters which have been added treat of the physical examination of the chest, asthma, etiology of phthisis, the complication of phthisis, the surgical treatment of pulmonary cavities, hydatids of the lungs, and mediastinal tumors.

**RHEUMATISM, ITS NATURE, ITS PATHOLOGY, AND ITS TREATMENT;** By T. J. MacLagan, M.D. Being Vol. IX of Wood's Library for 1886. New York, Wm. Wood & Company.

Dr. MacLagan the author of this work has achieved distinction as the originator of the salicin treatment of rheumatism, a treatment to which he is as yet as much attached as in 1876, when he first called the attention of the profession to the use of the remedy. We feel that concerning the value of salicin, he is too positive for we have seen a number of cases of inflammatory rheumatism which have failed to derive benefit from it, and that too, when the drug had been given in heroic doses, one ounce daily or more. The author condemns all other remedies as unworthy of confidence. From an old school stand-point, we believe his position here a correct one. We are certain however, that we have met with several cases in which the diagnosis of inflammatory rheumatism could not be called in question, and which yielded in an incredibly short time to our homœopathic remedies.

The author's remarks on the symptomatology, pathology, etc., of rheumatism are well worth thought and study.

**A SYSTEM OF SURGERY;** By William Tod Helmuth, M.D., Professor of Surgery in the New York Homœo-

pathic College, etc., etc. Fifth edition. F. E. Boericke, Philadelphia, pp. 1111.

We gladly welcome the fifth edition of this standard work, without which no homœopathic physician can consider his library complete.

It has been, as the title page states, enlarged, rearranged, revised, many parts having been re-written, and much new matter added.

The author has succeeded in his endeavor to make it "an exponent of the 'Surgery of the Present,'" and a volume suited alike to the requirements of student and surgeon; moreover it is written in so interesting a manner that its perusal is a matter of pleasure as well as profit.

The pages devoted to the consideration of aseptic and antiseptic surgery, invite attention; the author states that "a true antiseptic not only should exclude all septic ferments from the wound, but should be capable of rendering inert the causes of putrefaction." In speaking of Listerism he says the most skeptical as to the theory are compelled to acknowledge the beneficial results of the practice.

The chapter treating of "Injuries and Diseases of the Abdomen," is particularly interesting. Two pages are given to the subject of cholecystotomy, which operation has been performed thirty-five times with but ten deaths; the gall-bladder was first opened by Dr. Bobbs, in June, 1867. Digital division of the Pylorus is also described; this operation may be performed in cases of stenosis of the pylorus of a non-malignant character; it was devised by Loreta, of Bologna, and performed by him in September, 1882.

In the last chapter the operation of Ovariectomy, upon which Dr. Helmuth is an acknowledged authority, is fully described. He claims that Dr. Ephraim McDowell, of Danville, Kentucky, is the "Father of Ovariectomy." Dr. McDowell performed his first operation in December, 1809. In Ovariectomy it is the author's practice to administer a hypodermic injection containing one-sixth grain of morphia and one-hundredth grain of atropia; he states that "this mixed method of anesthesia has many advantages; much less ether is required to produce insensibility, and

the capillary circulation is increased, not only throughout the operation but for some time after. By this means also the coldness and collapse which often follow prolonged ovariectomies are scarcely perceptible, and the vomiting is less; often the patient slumbers tranquilly for one or two hours after she has been put to bed, which I regard as a great advantage."

B.W.J.

**PRACTICAL URINALYSIS, WITH CLINICAL HINTS.** By J. B. S. King, M.D., Prof. of Chemistry and Toxicology, of Hahnemann Medical College of Chicago. Chicago. Boericke & Tafel.

Published in the form of nine cards treating of the subject in a practical manner and being convenient for use. The "Remarks" following the different tests give valuable hints as to treatment and prognosis of the cases presenting the various abnormalities of urine. Physicians will do well to provide themselves with these cards.

**MANUAL OF OPERATIVE SURGERY.** By Joseph D. Bryant, M.D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery, Bellevue Hospital Medical College, etc., etc. New York. D. Appleton & Co., pp. 530.

This work, as its title indicates, is devoted to operative surgery, hence it does not contain the pathology so often given in works on surgery. The author states that it was written in response to requests of his students for such a work. It is well written, printed on good paper in clear type, furnished with about eight hundred illustrations, all of which are first class. A description of gynecological operations, also those pertaining to the eye and ear, is omitted, the author feeling that "they are entitled to a more extended consideration than the intentional scope of this work will admit."

The pages devoted to the consideration of the "requirements necessary to secure favorable results in surgical operations" are worthy of attention.

B.W.J.

## Gleanings.

**Treatment of Goitre by Ligation of the Afferent Arteries.**

In October, 1885, Wöfler of Vienna, operated by ligation of the afferent

arteries, a large colloid goitre in a man aged 29 years. The right half was somewhat the larger. Both the inferior and the superior arteries on this side were tied, also casually the median thyroid vein. The patient could be discharged nine days after the operation—breathing trouble and feeling of oppression were greatly relieved the day after and gradually subsided completely. The diminution in the size of the neck did not proceed at the same rate.

Wöfler believes that neither ligation of both superior thyroids nor of the inferior alone, can be considered sufficient owing to the free anastomoses. It is as yet questionable whether in large one-sided goitres, ligation of both thyroids on that side ought to be accompanied by ligation of the opposite superior thyroid. Ligation of all four thyroid arteries can hardly lead to gangrene of the goitre. Ligation of the veins, which was done by Coartes in 1880, is more difficult than ligation of the arteries.—*Annals of Surgery*, December, 1886.

## Remedies for Diseases of the Prostate Gland.

In a lecture on the prostate and some of its diseases, Dr. G. F. Shears recommended *mercurius*, *pulsatilla*, *hepar*, *sulphur* and *silicea* in cases of abscess of that gland. In chronic prostatitis, he has found *pulsatilla*, *kali bichromicum*, *thuja*, *mercurius*, and *lycopodium*, most serviceable. In hypertrophy of the prostate, the remedies most frequently demanded are *pulsatilla*, *cantharis*, *thuja*, *mercurius*, *causticum*, *iodium*, *apis* and *copaiva*.—*The Clinique*, Dec. 15, 1886.

## The Successful Treatment of Diphtheria.

Dr. C. S. Collins of Nashua, N. H., has in a large experience of diphtheria, obtained very favorable results from *mercurius corrosivus*. For a child of from six to nine years of age, he triturates one grain of corrosive sublimate with eighty grains of saccharum lactis and administers one to three grains once in three hours *dry* on the tongue. For patients above twelve years, he triturates one grain of corrosive sublimate with sixty grains of saccharum lactis and exhibits it at intervals of from two to four hours, according to the severity of the case. He declares



it impossible to produce the slightest toxic effect from the drug while the disease is in progress. Locally, he uses Monsel's solution of per-sulphate of iron. By the third or fourth day, the membrane will be black or dark green and will soon come away *en masse* leaving a healthy granulating surface which heals rapidly. By the second day, all symptoms will be controlled—when the medicine must be given less frequently. *N. E. Medical Gazette*, January, 1887.

#### Lappa Major in Prolapsus Uteri.

Three cases of prolapsus uteri, which came under the notice of Dr. H. C. Allen, for years had baffled every mechanical support, and confirmed invadings were the result. They were completely restored by lappa major in the lowest potencies. The characteristics appear to be: An exceedingly sore bruised feeling in the uterus with great relaxation of the vaginal tissues; apparent lack of tonicity of the pelvic contents. These symptoms were all aggravated by standing, walking, a misstep or sudden jar.—*Medical Advance*, January, 1887.

#### A Case of Pseudo—Membranous Laryngitis Treated by Electrolysis.

On October 26, Dr. F. E. Waxham, of Chicago, was called to see a little girl aged eight years, who, for for one week past, had had membranous croup. The pulse was rapid and feeble, the face of a deadly pallor, the lips lurid and the respirations laborious. The child was in the last stages of asphyxia, already semi-comatose and was aroused with difficulty. An intubation tube was threaded with platinum wire and used as a negative electrode. Immediately after the introduction of the tube, breathing became more easy. The platinum wire was now insulated by passing it through a very small rubber tubing. The positive electrode consisted of the ordinary sponge, well moistened. A current from ten cells was employed for five minutes, during which time considerable mucus and softened membrane were expelled. The tube was then accidentally withdrawn and, as respiration was free, it was not reintroduced. Two hours later, breathing becoming more labored, electrolysis was again performed in the same manner. At two o'clock, the following morning,

the tube was again introduced and left *in situ*, electrolysis was not performed. Evidence of pneumonia were now present, of which disease the child died the following day.—*Jour. of the Amer. Med. Assoc'n*, Jan. 1, 1887.

#### Parotiditis in Pregnancy.

A correspondent of the *Journal of the American Medical Association* reports a case of mumps in a woman three months pregnant. On the third day of the disease, the swelling abandoned the glands and miscarriage followed.

#### Muscular Spasm of the Deep Urethra.

It is customary in practice among most surgeons in cutting a stricture in the pendulous portion of the urethra, to pass the first sound that enters after the operation all the way into the bladder. Dr. E. L. Keyes raises the question whether it is not better, *in all cases* of anterior urethrotomy, to leave the deep urethra untouched until the wound has healed, then to explore the deep urethra as in an uncut case. He makes this suggestion, not so much for fear of serious urethral fever but to test the question of the urethral spasm. Still this matter has a bearing on the first of these points as demonstrated in a case recently operated in Bellevue Hospital. The man had three light strictures within two inches of the meatus. One month's time was occupied in dilating these with tunnelled steel instruments passed over filiform bougies. The instruments were passed into the bladder. Finally when the canal was sufficiently dilated to permit an Otis' urethrotome to pass, the strictures were cut to 35 French and a 28 sound was gently passed into the bladder. Chill and fever occurred within six hours and death in thirty hours after the operation. The autopsy revealed no lesions. When the stricture is of large calibre, Dr. Keyes makes the suggestion in the interest of science, then we may judge of the value of anterior urethrotomy *per se* in overcoming deep urethral spasm.

Muscular spasm of the deep urethra is an exceptionally common malady in all classes of people, but particularly in those of sensitive, high strung, nervous organization, particularly if such be of gouty or rheumatic constitution, and most especially in those who are sexu-

ally astray. These are predisposing causes. The exciting causes are local neighboring irritation upon the surface of the urethra or within its calibre, an enlarged or irritated prostate, or a mildly congested bladder near the neck; all kidney inflammations; troubles in the rectum as hæmorrhoids, fissure, cancer, impaction; the ingestion of certain substances as cantharides, turpentine, quinine and opium; and finally malarial and emotional influences.

Unusual cases have been reported in which the spasm resulted respectively from the irritation of a tapeworm, necrosed coccyx, abscess of the seminal vesicles and luxation at the hip joint. Keyes reports a case in which absolute retention of urine with muscular spasm resulted from bathing the genitals in pure tincture of stavesacre for pediculi. The simple passage of a catheter cured him. When therefore, there can be so many causes for deep urethral spasm, Keyes expresses a belief that anterior stricture of large calibre is a very uncommon cause. A tight pin-hole meatus is one thing surely capable of exciting deep urethral spasm and vesical complications; but he has never seen the trouble result from a stricture of the large calibre. When anterior stricture of the large calibre exists coincidentally with deep urethral spasm, the spasm is due to another cause. Cutting the stricture in these cases would fail to cure if the deep urethra was left unmolested. Over-distension of the membranous urethra does good.

Anterior urethral irritation with or without stricture of small calibre may cause deep urethral spasm. The good temporary influence obtained in many of these cases by internal urethrotomy is something similar to a faith-cure effect.—*Journal of Cutaneous and Venereal Diseases*, January, 1887.

#### Notes on Adult-Insomnia.

In a paper read before the British Homœopathic Society, Dr. Edw. T. Blake said that insomnia is rarely cured radically on the lines of *contraria contrariis*. We should try to help the sufferer to wobble sleep quietly rather than by violent drugging. He related the case of a lady aged 40 who was suffering from the combined effects of drug action and of rheumatic fever. Her joints were rigid and œdematous. The ribs

were rigid, impeding lung play. Whenever she composed herself for sleep, and just as she was lapsing into unconsciousness, the knees would attempt to fly up suddenly towards the chest with an abrupt jerk. She also had recurrent vertical diplopia and tinnitus aurium, probably due to salicin, anodontic dyspepsia, constipation, anal fistula and an offensive leucorrhœa. She also had an eczema of the face. The sweats, the impaired memory, the hypochondriasis, the vertigo, the diplopia, the ear-drumming, and the facial and crural clonus, the white tongue, the epigastric sinking alternating with flatulence and with nausea, the heart action increased by day and diminished down to severe fainting during the night, all pointed to *tubacum* which was given in the twelfth potency. For that night, three hours of peaceful sleep were obtained for the first time in three months. After the third night, the distressing leg jerk disappeared.

For the insomnia following the excessive use of tobacco, Dr. Blake has found *ipœcac* and *gelsemium* the best remedies. Where the insomnia results from a tired feeling in the legs, as after a long walk, *rhus tox.* is the remedy. When the patient has the "fidgets" in his legs, and these "fidgets" either postpone or prevent unconsciousness, *rhus* is again the remedy.

Delicate women with a predisposition to spinal anæmia, should be warned not to expose themselves to the fumes of tobacco before going to bed.

For that general malaise or "aching all over" which delays sleep, especially in the first stages of catarrh, nothing appears to equal *baptisia*. *Conium* is valuable when cold or torpid legs are the chief elements in the wakefulness. *Nux vom.* and *lycopodium* in the insomnia associated with flatulence and functional palpitation. *Thea cæsarea* acts well in those who do not drink tea. Another excellent remedy is the *robinia hispida*. Flatulence, palpitation and dry cough yield usually to *lachesis*. Obstinate sleeplessness with gout and hypertrophied heart yields to *gelsemium*. For neurotic palpitations, *aconite*; in obstinate cases, we may think of *glonoine*, *cactus*, *spigelia*, *moschus* and *camphor monobromide*. *Digitalis* when enuresis is present. For the sleeplessness of mania, *hyoscine*. For cerebral hyperæ-



mia, belladonna, glonoine, stramonium, cannabis indica, veratrum viride, and gelsemium; when the venous element predominates, opium. In adult occipital headache delaying sleep, helleborus acts well. For the milder forms of mental insomnia, mercuric methide. Insomnia dependent on immoderate sexual desire yields to raphanus sativus. When pelvic congestion causes insomnia, use hot douches at night into the bowels and belladonna, nux vomica, and sulphur.—*Monthly Homœopathic Review*, January, 1887.

#### Peripheral Neuritis and the Painful Paralysis of Early Life.

Notwithstanding the frequency of paralysis in early life, autopsies of these cases are rare. Thus the careful study of this subject has been rendered difficult. Cases of atrophic paralysis that differ from poliomyelitis anterior will occur. Many of these cases, Dr. H. D. Chapin contends are due to peripheral neuritis. He quotes several authorities to show that three different lesions were found in four autopsies that presented all the phenomena of poliomyelitis anterior.

He shows the difficulty that may attend the differential diagnosis between peripheral neuritis and acute poliomyelitis anterior. Both affections present paralysis of acute onset and attended with atrophy. In differentiating, the following points may be considered.

##### Peripheral Neuritis.

Disease usually begins slowly.

Paralysis progressive. Involves different members, generally in the nature of an ascending palsy.

Pain is usually continuous, especially marked upon handling and involves certain nerves.

Perfect recovery may take place after the paralysis and atrophy have lasted a long time.

##### Poliomyelitis.

Suddenly.

Paralysis regressive. Involves at the start all the members affected, some parts quickly recovering.

Usually no pain. May be general hyperæsthesia at the beginning.

No recovery after the disease has lasted a short time.

*N. Y. Medical Record*, Jan. 15, 1887.

#### Dietic Treatment of Eczema.

Prof. Schweninger believes in dieting eczematous patients but not after any hard-and-fast general dietary laws. Each patient must be treated according to his case, and at first be put upon as simple a diet as possible. When this basis is reached, the patient's taste is to be consulted and his diet made more varied, care being taken to avoid anything that is known to disagree with him. Sometimes, it is advisable to have a patient increase the number of meals in a day, while decreasing the quantity of each one. Some patients do best on solid food alone, leaving out tea, coffee and the like. Sometimes the best results are obtained by having the patient eat of only one sort of food at a meal—whatever he fancies. In many cases of chronic eczema, a liberal supply of water or rather of fluid is useful and this not taken at once but often in small quantities. Up to three quarts of water may be taken in this way. The addition of salt to the dietary is also useful. *N. Y. Med. Journal*, Jan. 8, 1887.

#### A Suggestion for the Reduction of Dislocations of the Fingers.

In some cases when attempting to reduce dislocation of the fingers, Levis's instrument will not stay in position. In such cases Dr. J. W. Macfarlane suggests that a gum finger stall be placed on the finger over which Levis's instrument or a clove hitch could be secured if desired. *Phila. Med. Times*, Jan. 8, 1887.

#### The Reduction of Copper in Fehling's Solution with Chloral Hydrate.

On applying Fehling's test to a specimen of urine sent to him for examination, Dr. O. W. Sherwin found the copper reduced as with diabetic urine, while the specific gravity was only 1015. On inquiry he found that a few grains of chloral hydrate had been added to the urine to prevent decomposition. On further trial, he found that a very weak solution of chloral hydrate in clear water would reduce the copper. In two cases, after the internal administration of medicinal doses of chloral, the characteristic reaction was produced on testing the urine with the copper solution. Two days afterwards the urine in neither case showed any signs of sugar. *Analectic*, Dec. 1, 1886.

**Drumine, a New Local Anæsthetic.**

Drumine is the title of a new Australian local anæsthetic discovered and described by Dr. John Reid of Port Germain, South Australia. *Euphorbia Drummondii* is the species from the milky juice of which the alkaloid drumine was prepared. Cocaine is known to have a mixed action on sensory and motor nerves and causes preliminary excitement, whilst drumine is said to have an almost purely sensory paralyzing effect and does not cause excitement. Experiments were made on cats and on the observer's tongue. It was injected into the legs of the former animals, and caused general dulness with marked impairment apparently of all forms of sensibility. Placed on the tongue, nostrils and hand of the observer the resulting anesthesia was most marked. The alkaloid has no action on the pupil and small doses given internally produce no constitutional effect. It has been employed successfully in subcutaneous injections for sciatica and sprains.—*Lancet*, Dec. 18, 1886.

**Onosmodium Virginianum, a Remedy for Headache and Asthenopia.**

In a paper read before the New York Society for Medico-Scientific Investigation, Dr. Geo. S. Norton called attention to onosmodium virginianum as a remedy for certain forms of headache. The author's experience with the drug is ample; he having treated over two hundred cases with it, feels confident that it is a drug of great value. The provings of onosmodium by W. E. Green and reported in the *HAHNEMANNIAN MONTHLY* for June, 1885, led Dr. Norton to believe that it would be a valuable remedy in headache dependent upon asthenopia and nerve exhaustion. The headaches in which onosmodium has proved most beneficial, are particularly marked in the *occipital region*. The *pain is dull aching in character and is not usually confined to the occiput, but extends down the back of the neck or over one side of the head, generally the left*. Accompanying this headache, there is usually more or less *dizziness*, and sometimes nausea. Associated with it, we often find *pain over or in the corresponding eye, with a stiff strained sensation in that organ*, aggravated by reading or use

at near vision. In asthenopia, whether dependent upon weakness of the ciliary or internal recti muscles, onosmodium is a remedy of first importance. The asthenopic symptoms are more commonly described as *heaviness of the eyes, stiff, strained, lame feeling in the eye balls or dull headache over the eyes; generally worse in or over the left eye*, and always aggravated from use of the eyes. The hyperæmia of the fundus which so often accompanies asthenopia, has been relieved with the other symptoms. The preparations of the drug used by Dr. Norton in the cases reported in his paper, are the 1st and 3d.—*N. A. Journ. of Hom.*, Dec., 1886.

**Direct Treatment of Caries of the Cervical Spine.**

Dr. A. Podres (*Russkaja Medizina*) reports the following case: The patient, a lad eleven years of age, had presented for six months the following symptoms: There were general anæmia and great debility, some slight cyanosis of the face, superficial and irregular respiration with difficulty on swallowing. The upper extremities were a little wasted and were the seat of some loss of power. The head was kept rigid and was turned forward and to the right. The muscles of the neck were kept contracted. The spinous processes of the sixth and seventh cervical vertebræ were slightly prominent and pressure upon these points occasioned pain. Extension of the head relieved the patient's breathing and the pains that were felt in the upper limbs. The case was diagnosed as one of tubercular spondylitis. Dr. Podres decided to expose the diseased vertebræ. Accordingly, an incision two inches long was made along the posterior border of the left sternomastoid near the base of the posterior triangle. The wound was deepened until the cords of the brachial plexus were exposed and by following these, the vertebræ were reached. Before they were exposed, an abscess of some size was opened. At the bottom of this, the bodies of the sixth and seventh cervical vertebræ could be felt and were demonstrated to be the seat of a superficial caries. All the diseased tissue together with the carious bone were scraped away. The cavity that resulted was well cleaned out and dressed with iodoform. The head was kept at rest in an



extended position. Great and continued relief followed the operation. At the end of six months, the boy was almost well. A sinus however remained. To close this, a second operation was performed. The carious bones were again gouged and all unhealthy granulation tissue removed. The sinus soon healed and the patient made an excellent recovery.—*Amer. Journ. Med. Sc.*, Jan., 1887.

**The Character of the Muscular Contractions Evolved by Excitation of Various Parts of the Motor Tract.**

Professors Horsley and Schäffer by varying the frequency of the number of interruptions in the primary circuit of Du Bois-Reymond's inductorium by means of a reed-vibrator capable of adjustment, stimulated at various rates, the following parts of the motor tract: (1) Cortex cerebri, (2) corona radiata, (3) pyramidal tract, (4) motor nerves. The motions were recorded by means of a tambour in connection with the belly of the muscle, the changes in the thickness of which were drawn on a smoked surface. The general result of their experiments may be summarized as follows: 1. The rhythm of muscular response to electrical excitation of the nerve centers (but not of motor nerves) is the same, viz.: ten per second for all rates of excitation above ten per second. Below that rate of excitation, the rhythm of response corresponds with the number of stimulations per second. 2. The rhythm of muscular response in the case of voluntary and reflex contractions is essentially the same as that which results from direct excitation of the nerve centers, viz., ten per second. 3. The rhythm of muscular response in all cases of after excitation (whether epileptoid or not) is fundamentally the same as that of voluntary and reflex contractions, but in the case of epilepsy, the response may present a secondary rhythmic summation which produces a clonus of slower rate. Every prolonged contraction of the skeletal muscles which is provoked by excitation, whether natural or not, of any part of the nerve centers, is a tetanic contraction which has been produced by a series of impulses generated in the nerve-centers and passing along the motor nerves at an average rate of about ten per second. 4. Excitation of the motor

nerves is followed by muscular response the rhythm of which is in all cases equal to the rate of excitation. They think it is clear therefore, that the rapidly succeeding impulses arising from the quicker rates of excitation are not transmitted unaltered through the motor nerve cells, but become summated within them, and converted into a smaller number of impulses, which are forwarded with a constant slower rhythm by the peripheral motor nerve fibers to the muscles.—*Amer. Journ. Med. Sc.*, January, 1887.

**Novel Methods in the Treatment of Diseases of the Ear.**

Dr. Seth S. Bishop of Chicago does not regard the methods in vogue for cleansing the middle ear as effectual as one could desire. He has recently adopted a method which gives him a satisfactory result, and that is the reverse of the Valsalvian experiment. The patient closes the mouth and nostrils, and exhausts the air in the naso-pharynx by a strong inspiratory act. This causes the ejection of the column of air and the secretions from the Eustachian tube and tympanum into the pharynx. When the patient clears the throat, the evacuated secretions are forced into view upon the columns of the fauces. After removing the discharge, the patient is directed to swallow or practice the Valsalvian experiment, whereupon, the air re-enters the middle ear and restores the atmospheric pressure on both sides of the drum-head. One should not inflate the middle ear too soon after practicing this method, else the tube and tympanum may not be emptied completely, and the entrance of air through the tube may force some remaining fluids back into the tympanic cavity. This method is impracticable in cases in which there is resistance in the tube. In these cases the Eustachian catheter should be introduced, and then the secretions withdrawn by syringe or Politzer bag. The first of these methods is serviceable in chronic catarrhal inflammation of the middle ear with proliferation of the mucous tissues, bands of adhesion between the tympanic walls and the ossicles, partial ankylosis in the chain of bones and retraction of the membrane. It has an advantage over other methods in that patients are able to practice it unaided by a surgeon and catheterism can be omitted.

When this method is unsuccessful on account of an impermeable Eustachian tube, a rubber tube is used of suitable calibre and length to fit into the patient's external auditory canal and extend to the mouth. By alternately rarefying and condensing the air in the external meatus, movements in the conducting apparatus may be obtained. *Journ. of the Amer. Med. Assoc.* January 15, 1887.

#### Treatment of Anal Fistula in Phthisical Patients.

Dr. E. E. Glover summarizes his observations on this subject as follows: Operative interference is advised and practiced with benefit to the patient excepting, first, where the cough is constant, unless this be first allayed; second, where the pulmonary disease is rapidly advancing or is far advanced; third, where the reparative powers of the patient are so low that they evidently are unequal to the task of healing the wound. Although it is proper to operate during any season, preference should be given to pleasant weather, such as will allow the patient to be in the open air; where the tissues surrounding the fistulous tract is supposed to be tubercular, some advise its removal by the knife or sharp spoon. The wound heals in nearly every case in which an operation is justifiable. There should be as little interference with the sphincter muscles as possible. The suppression of the discharge is thought to be positively beneficial. It is recommended by some that where the discharge is supposed to have a beneficial derivative effect, that a seton be inserted in the arm or other eligible part, before operating on the fistula. It is believed that a successful operation tends to retard the progress of the phthisis and to prolong the life of the patient. There are many cases in which this question presents itself as a subject of vital importance and one upon which all the experience of the profession should be thrown, that the disputed points may be cleared up and the method of treatment placed upon a clearly defined basis.—*Jour. of the Amer. Med. Associ'n.*, November 20, 1886.

#### Specific Fevers and Diseases of the Eye.

J. Hutchinson, Jr. believes that the influence of specific fevers in causing intra-ocular disease is greater than has

hitherto been supposed. He cites a case of pyæmia which was followed by iritis and traces a causal relation between the two. The patient was a young man, aged sixteen, who suffered a wound of the left wrist, which suppurated. Subsequently he was delirious and had rigors and effusion into many of his joints, and from the right knee a large amount of purulent fluid was twice aspirated. He recovered very slowly, and was not well till six months after the accident. Hutchinson saw him twenty months later and found old adhesions of the iris in both eyes, with V- $\frac{2}{3}$ . The attacks of iritis had either occurred during his illness or shortly after. There was not the slightest evidence of either acquired or inherited syphilis in the patient. In investigating the relation between ocular changes and specific fevers, it must be remembered that a supposed attack of one of the latter may have been secondary syphilis.—*N. Y. Med. Journ.*, Dec. 11, 1886.

#### Uric Acid Diathesis.

J. Mortimer Granville considers that in persons suffering from uric acid accumulations, the value of waters depends rather on their capacity for taking up and washing out excrementitious matter while passing through the blood and extra-vascular fluids of the blood, than upon the specific influence of anything they introduce into the system. An excellent and potable water may be made by very slightly iodizing distilled water, or dissolving in it a minute quantity of hydriodic acid—not enough to render the taste disagreeable. Well washed hydrogen gas is now passed through it, of which water dissolves about two per cent. by measure and has its capacity for holding solids in solution greatly increased. The writer thinks the profession will find a simple water of this description of great value. It is the measure of hydrogen and not the weight which must be regarded.—*N. Y. Med. Abstract*, November, 1886.

#### Poisoning From a Small Dose of Tartar Emetic.

Dr. A. H. Langston reports a case in which he administered one-half grain of tartar emetic. It produced great prostration, vomiting, profuse sweat, cramps in the stomach and bowels, and weak and rapid pulse.—*Med. and Surg. Rep.*, Dec. 4, 1886.



## News, Etc.

PERSONAL.—Dr. B. F. Bailey, of Manchester, N. H., has removed to Lincoln, Neb.

Dr. F. O. Gross, has removed to 1504 North Seventh Street, Philadelphia.

Dr. Thomas Hardy of Norfolk, Va., died October 31, 1886.

ANNUAL MEETING OF THE ALBANY COUNTY SOCIETY.—The twenty-seventh annual meeting of the Homœopathic Medical Society of Albany county was held at the office of Dr. Robinson January 11, 1887. The meeting was called to order by the president, Dr. G. E. Gorham. The election for the ensuing year resulted:

President, Dr. H. M. Paine; Vice President, Dr. R. B. Sullivan; Secretary and Treasurer, Dr. W. F. Robinson; Censors, Drs. Pratt, Paine and Randel.

Dr. Schwartz was elected a delegate to the State Society in place of Dr. Wright, who has left town. Two new members were received. The treasurer's annual report showed the society to be in an excellent financial condition. Dr. H. M. Paine presented a paper setting forth the utility of graded metal sounds in certain conditions of internal organs. Specimens of improved forms of the instruments were exhibited and their uses described in the treatment of numerous clinical cases. This paper was discussed at length by Dr. Gorham and others and was followed by other papers and reports of cases.

PROFESSOR EDWARD L. YOUMANS, M. D. died on the 18th of January at the age of sixty-six. He was widely known as a teacher and author in the department of Natural Sciences and particularly in chemistry. He was also the senior editor of the *Popular Science Monthly*.

MRS. LUCY M. ARNDT, wife of Dr. H. R. Arndt, editor of the *Medical Counselor*, died at Ann Arbor, Mich., on December 14, ult. We respectfully tender our condolence to our bereaved brother.

PROFESSOR LIEBOLD'S SUCCESSOR.—Dr. George S. Norton, the distinguished ophthalmic specialist, has been appointed to succeed Professor Liebold in the New York Homœopathic Medical College.

PROFESSOR M. M. EATON has resigned the chair of Gynecology in Pulte College. This resignation is induced by impaired health. Prof. Hartshorn will finish the course of lectures in his stead.

THE HAHNEMANN MEDICAL COLLEGE OF SAN FRANCISCO held its third annual commencement on the evening of November 10th, and conferred the degree upon ten students, five of them being ladies.

The college has secured a suitable building for hospital purposes, in an eligible location, and the institution will be opened for the reception of patients at an early day.

REMOVAL.—Otis Clapp & Son, the widely known publishers and pharmacists of Boston, are about to open a new headquarters at No. 10 Park Square; but will retain their old quarters at No. 3 Beacon Street as a retail branch of the main house.

THE WASHINGTON HOMŒOPATHIC MEDICAL SOCIETY recently passed a resolution striking from its list of membership the name of a physician, and revoking his license to practice medicine and surgery in the District of Columbia, on the charge of "having advertised to sell directly or indirectly, medicines prepared by himself, claiming that they will cure diseases known only by name, without knowledge of the symptoms present in each particular case."

THE HOMŒOPATHIC FREE DISPENSARY OF WASHINGTON, D. C., is doing good work. The following is a summary of the reports of the Association since its organization, December, 1882:

Year.	Patients.	Prescriptions.
1883	667	2,016
1884	1,130	3,500
1885	1,628	5,127
1886	2,194	7,298

In addition to the above, two members of the staff who were outside Physicians to the Poor made 4,959 visits to homes and gave 1,670 office prescriptions. The Attending Staff consists of Edgar Janney, M. D., President; Grace Roberts, M. D., Secretary; L. B. Swormstedt, M. D.; D. H. Riggs, M. D.; Chas. A. Davis, M. D.; Margaret Hislop, M. D.; Chas. F. Goodell, M. D.; M. Esther Hart, M. D.; Wm. R. King, M. D.; Reginald

Munson, M. D. Consulting Board, G. W. Pope, M. D.; Caroline B. Winslow, M. D.; S. I. Groot, M. D.; Lewis Rautenberg, M. D.; J. B. G. Custis, M. D.

THE CLIMATE OF FLORIDA.—The following letter from Dr. E. M. Hale to the *Chicago Inter-Ocean* will doubtless interest many of our readers:

"CHICAGO, Jan. 10.—The enterprise of the *Inter-Ocean* has enabled people to see the relative temperature of various portions of Florida this winter. It has been an interesting study—especially to physicians—who, before they send patients to that State, ought to know that no State in the South has such a varied temperature. It is not safe to send rheumatic, neuralgic, or patients suffering from pulmonary troubles, to Florida. No such patients should be sent to that State without telling them that they should not stay north of latitude 30 degrees, which lies about midway between Jacksonville and Palatka. A reference to the *Inter-Ocean* temperature report will show why.

1. The temperature at Sanford, which includes Enterprise, Deland, Orlando, Winter Park, and that region, averages 5 degrees higher all winter than at Jacksonville and St. Augustine; e. g., the coldest day in Florida this winter the mercury stood at 22 degrees at Jacksonville and 28 degrees at Sanford. Yesterday it was 39 degrees above at Jacksonville and 49 degrees at Sanford. There has been no exception, and this difference this winter is a great boon to orange growers, for oranges freeze at 22 degrees.

At Sanford the clear days are 5, to 2 at Jacksonville. This is of great importance to invalids and tourists. Patients will improve much more in clear than cloudy weather, and invalids should remain in that portion of the State when there is a preponderance of cloudless days, for sunshine is the greatest physician in this world.

3. The air is much dryer in the middle portions of Florida than in the northern or southern. Sanford lies in the middle, or "Orange Belt." Patients with asthma, bronchitis, neuralgia, rheumatism, or incipient phthisis are comfortable, and improve in this region, but they do not do well in the other region above or below this belt. This is the result of my observation for several years.

E. M. HALE, M. D.

The following is the weather report of January 10: FLORIDA.

STATIONS.	Bar.	Ther.	W	Weather.	Rain.
Jacksonville—7 a. m.	30.20	28	N. W.	Clear.	—
Key West—7 a. m.	30.10	55	N. E.	Clear.	—
Sanford—7 a. m.—	30.17	36	N.	Clear.	—

COMPARATIVE STATISTICS of recoveries and deaths in the asylums of the State of New York, for the acute insane, for a period of 4 years ending September 30th, 1886, show that in the Old School asylums, located at Utica, Poughkeepsie and Buffalo, the average percentage of deaths on whole number treated was 5.90; average percentage of recoveries on number discharged 27.10. In the New School asylum (State Homœopathic), located at Middletown, the average percentage of deaths on whole number treated was 4.47; average percentage of recoveries on number discharged 48.85.

A PROPOSED PHARMACY LAW for Pennsylvania, is being urged upon the legislature. It was prepared by the Pennsylvania Pharmaceutical Association, and as might have been expected, asks for that association the sole privilege and power to nominate a list of apothecaries from which the governor is to select a board of examiners having authority to license druggists to carry on business in the State. The business of homœopathic pharmacy and the individuals engaged in it are entirely ignored.

If such a bill should become a law as it now stands, it will place homœopathic pharmacy in this state at the mercy of its avowed enemies. To prevent such a public disaster, the Homœopathic Pharmaceutical Association of Pennsylvania, have proposed a somewhat similar law for the special licensing of druggists of the homœopathic school, and they urge the physicians of the state to use their influence with legislators in support of their bill. Their request ought to be complied with.

We believe however that the best way to meet the difficulty, is to prevent the passage of the allopathic bill. We should permit no more legislation of any kind, which ignores the equal rights of homœopathic physicians, druggists, or laymen. There has been enough of such nonsense and it is time to put a final stop to it.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

## Original Department.

### REMARKS ON PULSATILLA.

BY E. A. FARRINGTON, M. D.\*

PULSATILLA	{	BLOOD-VESSELS	Compare with.
			<i>Bryonia.</i>
			<i>Nux vomica.</i>
			<i>Ant. crudum.</i>
	{	MUCOUS MEMBRANES	<i>Ipecacuanha.</i>
			<i>Sulphur.</i>
			<i>Sulph. acid.</i>
			<i>Arsenic.</i>
	{	SYNOVIAL MEMBRANES	<i>Colchicum.</i>
			<i>Kali bichrom.</i>
			<i>Caulophyllum.</i>
			<i>Ignatia.</i>
	{	ORGANS	<i>Actea racemosa.</i>
			<i>Helonias.</i>
			<i>Hamamelis.</i>
			<i>Sepia.</i>

To-day we have to study *pulsatilla*. The species which I shall consider is the *pulsatilla* of Hahnemann, the *pulsatilla prætensis* and not

\* From advance sheets of "A Clinical Materia Medica" by the late E. A. Farrington, M. D., of Philadelphia.

the American plant, the *pulsatilla nuttalliana*. There is some little difference in action between the two drugs. The "*prædensis*" has been better proved. The analogues of this drug are almost without number. The reason for this is that it is a well proved remedy and one too that is often indicated. Its complementary remedies are *sulphuric acid* and *lycopodium*.

Its antidotes are *chamomilla*, *coffea*, *ignatia* and *nux vomica*.

The relation of *pulsatilla* to sulphuric acid calls for particular note. The latter remedy follows the former in gastric troubles. *Pulsatilla* also has an antidotal effect to sulphuric acid. When this acid has been used for the cure of the appetite for liquor, *pulsatilla* has been proposed as the remedy best suited for the diarrhœa which ensues.

*Pulsatilla prædensis* is a pretty little flower belonging to the *anemone*. It has been called the wind flower, and its name is in keeping with its symptoms, as they are as fickle as the wind. Changeableness of the symptoms is characteristic of the drug. This is especially marked in the hæmorrhages; which now seemingly stop and in a few hours return. It is also true of the diarrhœa, the stools continually changing their appearance, at one time being green, at another mixed with yellow and still another, slimy.

So too, are the mental symptoms of the same fickle nature, the patient now being irritable, then tearful and again mild and pleasant. These are illustrations of the comparisons that I have stated.

*Pulsatilla* seems to be principally adapted to the female organism although it also affects men as well as women. It is one of those remedies which we are apt to select by the predominance of the mental symptoms. It is especially indicated in patients of a mild tearful disposition having a rather slow phlegmatic temperament. They are never irascible although at times peevish. Thus in the case of children with gastric ailment, *pulsatilla* may be used when they are peevish, pale, chilly, they are satisfied with nothing. That is not the *nux vomica* condition nor is it like *chamomilla*, both of which remedies have decidedly more violence with their anger.

The *pulsatilla* woman is tearful, easily discouraged. Sometimes, she is full of anxiety with forebodings of some impending disaster. This anxiety comes from the epigastrium and is very likely associated with indigestion. It is often accompanied with chattering of the teeth, palpitation of the heart and flashes of heat. These are the main nervous symptoms of *pulsatilla*. They are present more or less in every disease in which it is the remedy.

In these mental symptoms, you should compare *sepia* which you



will recall has a similar mental state but it differs from pulsatilla in the presence of irritability and anger. There is also indifference to her household affairs, to which she was formerly attentive.

*Natrum muriaticum* also has tearful disposition similar to that of pulsatilla but with this difference: consolation under *natrum muriaticum* aggravates, while under pulsatilla, the patient seeks consolation.

*Stannum* also has this tearful disposition. The patient is very much discouraged or is tearful over his chest symptoms. He fears that he will go into a decline.

The *ignatia* patient is sad but she hides her grief from others.

Especially is pulsatilla called for in chlorotic or anæmic women, when they complain always of a feeling of chill and despite this chilliness, they find relief for many of their symptoms in the open air. They cannot tolerate the close room. The pains from which they suffer seem to be accompanied by chilliness. This chilliness is more marked the more decided are the pains. The mental symptoms already mentioned are present. Especially is pulsatilla the remedy when chlorosis has been complicated by the abuse of iron or quinine. Chlorosis coming to you from allopathic hands after the failure of iron and quinine, showing you that these remedies are not suitable to the case will find its first if not its only remedy in pulsatilla. You will frequently find this hint of service to you in practice, not only in chlorosis but in other affections as well, when they arise not so much from local disease as from a general defective state of nutrition. The whole system is worn out. Every tissue is relaxed. She suffers from changes of position in the uterus. The menses are late and scanty, dark clotted or changeable in character. Pulsatilla does not always cure after abuse of iron. But it stands in the same relation to this substance that *nux vomica* does to the abuse of drastic purgatives and *camphor* to *cantharides*.

To understand how these phenomena of pulsatilla are caused, whether in women where they are most frequently met with, or exceptionally in men, you must remember that the drug acts upon the vascular system, especially upon the right heart, and upon the veins and capillaries. Thus we find that whatever weakens the venous portion of the circulation, whatever retards the return of blood to the heart, must, of course, provoke just the class of symptoms for which pulsatilla may be indicated. We know, for instance, that a warm, close room will provoke these symptoms. If you should sit in a close room, or in one whose temperature is too high, the veins would become

tortuous, and there would be some oppression about the chest and retardation of the heart's action. These same symptoms occurring in disease would suggest pulsatilla. It acts on the right heart more than the left, consequently despite the chilliness which arises from the anæmia, the open air acts as a stimulus to the venous circulation which improves the symptoms depending upon the sluggish flow of blood.

You will find many symptoms throughout the entire body calling for pulsatilla when there is this disturbance in the venous circulation. You will find in the chest a feeling of soreness referred to either sub-clavicular region, to the apex of one or the other lung, soreness which is felt when the patient lies on that side, or presses against the left chest. This soreness seems to involve the muscular structures about the shoulder, and even down the arm of the affected side. This symptom indicates venous congestion, or at least, sluggish circulation throughout the upper part of the left lung. It has been a valuable symptom to me and to many physicians in the incipency of tuberculosis, especially in women of the pulsatilla temperament. Along with this soreness in the lung there may be some cough with expectoration. Although there may be no symptoms indicating the positive existence of tubercular infiltration, we will have other symptoms indicating the onset of the disease. Pulsatilla has several times relieved these cases.

Then too we have pulsatilla indicated in *varicose veins* whether occurring on the limbs or about the testicle (*varicocele*). The affected parts are bluish and annoy the patient by the soreness and stinging pains in them.

The *epistaxis*, when pulsatilla is indicated, is of a passive character. The flow comes steadily, but it is not bright red or does not come in gushes, as it does in epistaxis dependent upon arterial lesions. It often occurs vicariously, taking the place of the menses. The same is true of the blood spitting or hæmoptysis which is either associated with this soreness or passive congestion of the chest or is dependent upon suppressed menstruation.

In these venous symptoms, pulsatilla has an important analogue, namely, *hamamelis*, which vies with it here. Before hamamelis was proved, pulsatilla was the only remedy we could depend upon in the class of symptoms enumerated. Hamamelis is the preferable drug in varicose veins unless constitutional symptoms call for pulsatilla, especially in the case of varicocele. Varicocele has been cured by hamamelis applied externally and taken internally. The great characteristic of this drug and that which makes its choice certain, is soreness of the



affected part. It is a soreness which is not exactly the bruised feeling of *arnica*; it is not the sensitive soreness of *lachesis*; nor the stinging soreness of *apis*; but it is that sore feeling which belongs to venous congestion. You may apply hamamelis successfully in any condition in which that is present. I have often made use of the drug in pregnancy when varicose veins appeared over the abdomen, and when the patient could not make any motion without experiencing a bruised sore feeling. Hamamelis is not the panacea which druggists would have us believe. It does not cure everything, sprains, scalds, etc., etc., but it *does* cure the class of symptoms I have mentioned.

Another concordant remedy is *lilium tigrinum* which, like pulsatilla, affects the right heart, producing engorgement of the veins, relief in the open air, scanty menses and taste of blood in the mouth. But it differs from pulsatilla in the decided tendency to prolapsus uteri with bearing down relieved by supporting the abdomen or by crossing the limbs. Also when lilium is indicated, there is present a sharp pain extending from the left nipple through the chest to the back.

Another analogue is *sepia*, which has many of the pulsatilla symptoms. It too is often indicated in anæmia and chlorosis, and it also has this mild tearful temperament but there is a difference in the mental symptoms; with sepia there may be irritability or vehemence at times. The sepia patient has complete aversion to her usual household duties.

Let us now consider the action of pulsatilla on mucous membranes. This is easily remembered. It produces a catarrhal inflammation of the mucous membrane and this ends in the production of bland yellow or yellowish green mucus. Now, you have an indication which you may apply to any mucous membrane.

*Conjunctivitis* calls for pulsatilla when the discharge is thick, yellow or yellowish green and bland, hence it is not indicated in the beginning but during the course of the matured disease. It is an invaluable remedy in ophthalmia after measles and in *purulent ophthalmia* and in *ophthalmia neonatorum* or the ophthalmia of the new born, whether they are of gonorrhœal origin or not, when the discharge is of the character just described.

Its analogue here is *argentum nitricum* which has the same symptoms precisely but more marked. It is to be used after the failure of pulsatilla.

*Mercurius corrosivus* is suggested in cases which, despite argentum nitricum, threaten to ulcerate and perforate the cornea.

These are not by any means the only eye symptoms of pulsatilla.

Dr. Geo. S. Norton, of New York, published in the HAHNEMANNIAN MONTHLY some years ago, a paper on the uses of this remedy in diseases of the eye. This paper covered some six or eight pages. In addition to the conjunctival inflammation just noticed, pulsatilla causes obscuration of vision with vertigo and nausea, diplopia, starry apparitions, circles of fire, etc. (these generally being reflex symptoms), pustules on the cornea with very little dread of light, but with lachrymation worse in the open air; pressing, stinging pains in the eye; lids swollen; styes, relieved when in the open air; margin of lids inflamed and swollen, but not excoriated.

Pulsatilla is also an excellent remedy in small central corneal ulcers with no vascular supply, especially when occurring in scrofulous subjects.

It may still further be used in lachrymation from disease of the lachrymal duct, when the symptoms just enumerated are present.

Pulsatilla also affects the nasal mucous membrane and develops symptoms which indicate it in the advanced stages of a cold. It should not be given in the beginning of a cold unless the temperament and other symptoms decide, because the sneezing and the serous excoriating discharge are not characteristic pulsatilla symptoms. But when you find a nasal catarrh "ripened," that is when the nasal discharge is thick, muco-purulent, yellowish or yellowish-green and not excoriating in the least, you have a perfect picture of pulsatilla.

In *chronic nasal catarrh*, you may give pulsatilla if the discharge is of this character. You must give the drug frequently and persistently in order to cure. In addition to the symptoms already enumerated there is still another, namely, loss of taste and smell.

There is a remedy known as *cyclamen* which is very similar to pulsatilla in its symptomatology. It seems to be suited to nasal catarrh when there is loss of taste and smell and this thick discharge just like that of pulsatilla; but it has in addition spasmodic sneezing.

*Penthorum sedoides* is useful in the incipency of coryza when there is rawness in the nose and throat. The patient complains of a constant wet feeling in the nose, but without coryza. Later, there is a formation of thick, purulent discharge, just as in pulsatilla.

*Spigelia* is one of our best remedies for catarrh of the posterior nares. The symptoms indicating it are; profuse discharge of mucus through the posterior nares; nasal mucus passes off only through the posterior nares. This drug has accomplished some good cures in the hands of Dr. Aug. Korndoerfer.



*Hydrastis* is also suited to post-nasal catarrh. The discharge is of a thin watery character, and is attended with a great deal of burning and rawness together with a sensation as of a hair in the nostrils.

*Pulsatilla* is an invaluable remedy in affections of the ears. In *otitis externa*, you may use it when the external ear is hot, red and swollen, and there are darting, tearing, pulsating pains, which are worse at night.

In *otitis media* it is also useful, when there is a profuse thick yellowish or yellowish green discharge from the ear.

*Pulsatilla* is one of our leading remedies in catarrhal otitis. There is deafness with a feeling as if the ears were stopped up, with rushing noises in the ears, isochronous with the pulse.

*Silica* is the nearest remedy to *pulsatilla* in catarrhal otorrhœa.

*Belladonna* and *mercurius* have a deeper action than *pulsatilla*, acting on the cellular tissues.

*Chamomilla* is similar to *pulsatilla* in the ear symptoms, but the pains are more violent and are attended with red cheeks; the patient cannot bear the pain.

*Plantago major* is to be thought of when earache is associated with toothache.

*Tellurium* causes inflammation of the middle ear which may even involve the internal ear, or the brain, or even penetrate into the cells of the mastoid process and establish an abscess there. Pus forms in the middle ear and finally perforating the membrana tympani escapes externally.

In catarrh of the throat you will find *pulsatilla* sometimes though not frequently the remedy. It would here be indicated by the appearance of the parts. There are marked redness of the tonsils and a varicose condition of the blood-vessels of the parts, and the fauces have a dark red or purplish hue. There are also stinging pains in the throat (here reminding you of *apis*), worse usually from swallowing saliva or after eating food.

Leaving the pharynx, we next come to the stomach, of which organ *pulsatilla* produces a catarrh. It is indicated in this disease when the tongue is coated with a thick, rough, white fur. The mouth is dry, and yet there is not much thirst, thirstlessness being a characteristic of the remedy. There are also nausea and sometimes vomiting, the vomited matters consisting either of food or mucus, and also of bile. The food vomited may have been that eaten a long time before, thus showing the weak digestion of the remedy. A feeling of fullness and heaviness in the stomach after eating, sometimes associated with a feel-

ing of rawness in the stomach as from ulceration. This last is merely a subjective symptom, and is a common sensation in *pulsatilla*. Usually there is diarrhœa, with slimy or watery stools, and worse after midnight. Attending these gastric symptoms is heart-burn, and, not very often, water-brash. When water-brash calls for *pulsatilla* there is a putrid taste in the mouth in the morning; better after drinking. The patient craves lemonade. He may complain that his mouth is dry, yet it seems to contain plenty of mucus. Other symptoms experienced are feeling of weight in the epigastrium an hour after eating, relieved by eating again; feeling in the œsophagus as if food was lying there (also *china* and *abies*); throbbing in the epigastrium; much flatulence which moves about, causing pinching pains and rumbling, worse on awaking, or just after supper. Now these are the symptoms calling for this remedy in gastric catarrh. What are the exciting causes? First of all, and most important, it is called for when the trouble has arisen after partaking of fatty food or of pastry. It is also indicated in gastric catarrh arising from a mixed diet, as turkey, vegetables, coffee, &c.; also after chilling the stomach with ice-cream or ice water, especially if the stomach is warm. In still other cases it may be indicated after getting wet, especially after getting the feet wet, when suppression of the menses ensues.

It will be well for you if now I differentiate this remedy from others commonly used in these dyspeptic symptoms. But let me say first that other remedies, besides *pulsatilla*, having aggravation from eating fatty foods are *ipœcac*, *thuja* and *carbo veg*. *Arsenicum* and *carbo veg*. have aggravation from eating ice-cream, and *nux vomica* and *ipœcac* from partaking of a mixed diet; for aggravation from eating at night, you may think also of *cinchona*; for desire for lemonade, of *cyclamen*, *sabina* and *belladonna*; for nausea at the thought or smell of food, particularly if rich or fat, of *sepia* and *colchicum*; for vomiting of food long after eating, *kreosote*.

*Bryonia* we know produces a catarrh of the stomach with white coated tongue, putrid taste in the mouth and a feeling as of a heavy load in the stomach. It may also be indicated in gastric catarrh brought on by chilling the stomach although it is more suitable when the trouble has been brought on by the heat of summer weather. *Bryonia* usually, however, has constipation as an accompanying symptom; or if it has diarrhœa, it has not this yellowish green or watery stool. Instead of this, the stools are papescent and have a putrid or old cheese odor.

*Nux vomica* resembles *pulsatilla*. Both are serviceable in catarrh of



the stomach arising from over-eating or from a mixed diet. Especially is nux indicated after indulgence in alcoholic drink. Dryness of the mouth with little or no thirst and uncomfortable feeling about the stomach, are also found under nux vomica. The bowels are constipated; while heart-burn is characteristic of *pulsatilla*, water-brash is characteristic of nux vomica; of course this last statement is only comparatively speaking.

*Antimonium crudum* resembles *pulsatilla* but the tongue under this remedy is coated *white* as though it had been whitewashed. Vomiting predominates over the other symptoms. A slight quantity of food excites nausea and vomiting. It is an excellent remedy in children.

*Ipecacuanha* is a first-class remedy in these gastric catarrhs caused by chilling the stomach with ice water or by eating pastry, confectionery or other indigestible substances. Usually the tongue is clean. It seldom has the thick coating belonging to *pulsatilla* or *antimonium crudum*. Nausea predominates over every other symptom.

*Arsenicum* is complementary to *pulsatilla* when gastric catarrh arises from chilling the stomach with ice-cream or ice-water.

I mentioned for *pulsatilla*, the sensation as of a stone in the epigastrium. You will find a similar symptom under *abies nigra* which has been successfully used in gastric troubles when the patient experiences after eating a sensation as of a hard boiled egg in the stomach. In symptoms of the bowels you may use *pulsatilla*, as in *constipation* occurring in pregnant women or following the abuse of *cinchona* and its preparations. The stools are large.

You may also use it for *diarrhœa* when the stools are of a greenish yellow or of a changeable color. It is usually caused by partaking of a mixed diet late the night before. The patient is worse after midnight.

Here you should compare *iris versicolor* which is one of the best remedies we have for *cholera morbus* coming preferably at two or three o'clock in the morning with vomiting of food and sour and bilious matters and purging at the same time. It differs from *veratrum album* in the absence of coldness and symptoms of collapse.

In *cystitis* or catarrh of the bladder, we find *pulsatilla* indicated when there is frequent urging to urinate from pressure on the bladder as if the bladder were too full. There is pain in the urethra. The urine itself is often turbid from the mixture of mucus. Clinically we have not found *pulsatilla* a first-class remedy in *cystitis* but we have found it almost always the remedy in cystic symptoms accompanying pregnancy. It yields a place to *cantharis*, *equisetum* and *dulcamara* in *cystitis*.

*Gonorrhœa* calls for *pulsatilla* when the discharge is thick and mucopurulent and yellowish or yellowish-green. There are usually pains in the groins when this drug is indicated and I have noticed too, often going across the hypogastrium from side to side. That symptom has sometimes been produced by *pulsatilla*. After giving it a few times in these cases, the patient returns complaining of this aching across the stomach. This symptom occurring thus, calls for the lengthening of the intervals between the drugs or else for its stoppage altogether.

In suppression of *gonorrhœa*, *pulsatilla* is indicated if *orchitis*, or rather *epididymitis* ensues. The testicle is retracted. It is enlarged, very sensitive to the touch and dark red. There are sharp dragging pains following the course of the spermatic cord; unless some other symptoms contra-indicate it, *pulsatilla* will restore the discharge and relieve the distressing pain, but the patient must be kept quiet, and the scrotum must be supported in a suspensory. In some cases, I have used hot water locally as an adjuvant. While it seems to increase the swelling, it relieves the pain.

In some cases, there appears to be an absence of symptoms of a subjective character. All you can observe are these, the testicle is swollen and exquisitely sore to the touch. The gonorrhœal discharge has almost if not entirely ceased. In these cases *hamamelis* is your remedy.

*Clematis* is an excellent remedy for gonorrhœal orchitis when the testicle is indurated and is as hard as a stone.

*Rhododendron* is also a useful remedy when the orchitis becomes chronic and the testicle is indurated exactly as under *clematis*. Under *rhododendron*, however, the testicle tends to atrophy. There is also a feeling in the gland as if it were being crushed.

In induration of the testicle you may compare at your leisure *conium*, *arnica*, *staphisagria*, *spongia*, *aurum* besides the remedies already mentioned.

You may give *oxalic acid* when there are terrible neuralgic pains in the spermatic cords worse from the slightest motion.

*Mercurius* is called for when the glands are swollen and when what little discharge remains is greenish and when there is phimosis.

*Pulsatilla* is of use in enlargement of the prostate. It is indicated by the mechanical symptom, "fæces when they escape, are large and flat."

*Hydrocele*, especially the congenital form, may yield to *pulsatilla*.

Next let us study *pulsatilla* in its relation to the synovial membranes. *Pulsatilla* has not an affinity for the true serous membranes,



as we found under *aconite* and *bryonia*, but it acts on the synovial sacs which are slightly different from the pure serous membranes. Pulsatilla you will find indicated in rheumatism of the joints, and in gouty, gonorrhœal, and traumatic synovitis. The joint is, of course, swollen, and the pains are of a sharp stinging character, and are accompanied by a feeling of soreness or of subcutaneous ulceration about the affected joint. The pains in these joint inflammations are usually erratic, now here and now there. The tearing pains in the joint force the patient to move the affected part. Pressure relieves. These tearing pains often extend down the limb and are accompanied by jerking, probably through irritation of the muscular nerves, and are relieved by slowly moving about. I dwell upon these pains because they so frequently call for pulsatilla. They are usually worse from warmth and are relieved by cold. They are worse in the evening.

Pulsatilla really rivals *apis* in synovitis, but the latter drug has more effusion than the former and is indicated when there is a great deal of œdema about the joint.

In rheumatism with erratic pains you may compare *kali bichromicum*, *sulphur* and *bryonia*.

*Kali bichromicum* is called for in gonorrhœal rheumatism. The pains are better in a warm room.

By reason of its action on the digestive organs pulsatilla becomes of value in gout or in the gouty diathesis, especially when the trouble has been brought on by indigestion. If the disease persists despite its use, *colchicum* follows it well.

Now let us consider the action of pulsatilla on the various organs. We have already studied the mental symptoms of the drug. We have yet to speak of its headaches. These we may summarize as being mostly frontal and supraorbital. They are generally of uterine, neuralgic, rheumatic or gastric origin. They are aggravated by mental exertion and by warmth. They are usually worse in the evening, although the gastric symptoms are worse in the morning. When of rheumatic origin, the pains are sharp and seem to go from the head into the face and almost drive the patient mad, so severe are they. In other cases they may be erratic, wandering from one part of the head to the other.

In some cases the headache accompanies menstrual suppression. The head is hot. The pain in the head is better in the open air and is often accompanied by nose bleed.

In these headaches you should compare pulsatilla with the following.

*Ranunculus bulbosus*, headache on the vertex as if pressed asunder, worse in the evening and on going from cold to warm air and *vice versa*.

*Ranunculus scleratus*, gnawing the vertex in a small spot.

*Cocculus indicus*, pain in the occiput as if it was opening and shutting.

*Spigelia*, sensation as if the head was open along the vertex.

*Carbo animalis*, feeling in the vertex as if pressed asunder; must hold it together.

*Veratrum album*, pressure on the vertex, with pain in stomach, head relieved by pressing the vertex, and aggravated by motion.

*Menyanthes*, compressive headache in vertex and sensation when ascending steps as if a weight pressed on the brain, with cold hands and feet.

*Phellandrium*, pain as from a weight on the top of the head with aching and burning in the temples and above the eyes which are congested; eyes water; can bear neither light nor sound.

The eye symptoms, and some of those of the ears, have already been considered, we will now proceed with those of the latter organ that still remain. *Pulsatilla* has long been known as a remedy for *otitis externa*, or inflammation of the external auditory meatus. The pains are very severe, as, indeed, they must be from the confined nature of the canal, surrounded as it is by bone. The external ear is swollen and red. The pains are usually worse at night. The trouble may end with otorrhœa, which has the character already described.

We come next to the action of *pulsatilla* on the female organism. It is here that *pulsatilla* has won its laurels. We find it indicated in young girls at the age of puberty, when the menstrual has either not established itself normally, or even not at all. It is especially at this time that you may find this soreness of the apices of the lungs calling for *pulsatilla*, and you know well that unless you remove this symptom, and establish the menstrual flow, your patient will have some form of phthisis. When the menses are established they are apt to be too late and too scanty. The flow is fitful in its character, now coming on, and now stopping, now appearing as dark clotted blood, and again as an almost colorless watery flow. It is preceded by menstrual colic. The pains are of a crampy, griping character, and so severe that the patient can hardly bear them. She almost smothers if the room is closed. She has the *pulsatilla* temperament well marked. *Amenorrhœa* may call for *pulsatilla* when occurring during the ordinary period of menstruation, when it occurs as a result of wet feet



and when nose bleed acts vicariously for the menses. In some of these cases a single dose will bring on the menstrual flow, while in others you are obliged to give the drug repeatedly.

During pregnancy you may find use for pulsatilla; soreness of the uterus and of the abdominal walls may call for it, as well as for *hamamelis*.

Then again it may correct mal-positions of the foetus in utero. Now I know that in making this statement, I am venturing on debatable ground. Now, I do not mean to say that pulsatilla will make the foetus turn around. But I do mean to say that pulsatilla will act on the muscular walls of the uterus, and stimulate their growth. Sometimes the uterus in its growth during pregnancy, developes more on one side than another. Hence there is irregularity in its development and the foetus must assume an irregular position. Pulsatilla by altering the growth of the uterus, permits the foetus to assume its proper position.

During labor, pulsatilla is called for when the pains are slow, weak and ineffectual. Then again we may find the pains spasmodic and irregular and they may even excite fainting as in *nux vomica*. The patient feels as if smothering and calls on you to open the windows.

Again you may have it called for after labor when the placenta remains adherent. In these cases, it will not only bring about release of the placenta but it will so tone up the uterus as to avoid post-partum hæmorrhage. *Cantharis* is also useful in this condition.

Pulsatilla may also be used for *after-pains*, the temperament agreeing.

These pains however, call more frequently for *chamomilla* and *xanthoxylum*. This last remedy in particular is a good one.

*Cuprum* is a good remedy for severe crampy after-pains in women who have borne many children.

Pulsatilla may also be useful for scanty or suppressed lochia.

It may also be indicated as frequently as *hamamelis* in *phlegmasia alba dolens* or milk leg.

The mammary glands are affected by pulsatilla both before, during and after pregnancy. It is indicated when mechanical irritation, as from carrying school-books, excites the flow of milk. After labor you may still give this remedy when the breast is swollen and painful and the flow of milk scanty or absent, the patient being gloomy and tearful.

In this connection I may mention several remedies that are more important. I think that *urtica urens* is the best remedy for non-

appearance of the milk without any other symptoms, there being no apparent reason for the agalactia.

Still another remedy is *ricinis communis* or castor oil. This has, when used externally, developed milk. It may also be successful when given internally in low potency.

Still another remedy is *agnus castus* which is useful when the mind is greatly depressed.

*Causticum* is called for in women of a rheumatic diathesis. The face is usually sallow and the patient gloomy and depressed.

Now, *pulsatilla* in its relation to diseases of women has a great many allies. First of all we may mention *actea racemosa* or *cimicifuga*. This remedy resembles *pulsatilla* because it acts on the uterus. Both remedies favor normal labor. Here *actea* is probably the superior of the two. It also resembles *pulsatilla* in its action during labor, being indicated for labor pains which are very distressing. The symptoms, however, are not intermittent but rather continuous. As to temperament, we find *actea racemosa* differing from *pulsatilla*. For instance, it is indicated in a high degree of nervousness both during and after labor, during which the woman has a horribly apprehensive mood. They have a dread or fear of something about to happen, and this haunts them from day to day. At other times, they have a dread of undertaking anything, even ordinary work. *Actea racemosa* is also indicated in any deviation from normal in the position of the uterus when there are sharp cutting pains across the hypogastrium from side to side. It is also to be used for neuralgias reflex from uterine irritation, and that, too, whether it be the nerves of the head, chest or limbs that are involved.

Another remedy to be compared with *pulsatilla* is *caulophyllum*. This is a remedy that we have not had many years and yet is so useful that we would not now be able to get along without it. Its main characteristic is intermittency of pains. If they are neuralgic or reflex from uterine disorder, they are intermittent in character. They are usually sharp and crampy, and appear in bladder, groins and lower extremities. During labor *caulophyllum* is indicated when there is extreme uterine atony. The pains may be as severe as ever yet there is apparently no expulsive effort. It is often indicated in nervous women in whom pain seems to be intolerable. The pains are spasmodic and fly about from place to place, now in the groins, then in the abdomen and next in the chest, but not going in the normal direction of the pains. The patient seems to be exhausted. There is quiet ex-



haustion of the whole system. She can scarcely speak at times, so weak is the voice. These are the symptoms which call for caulophyllum. It has been used here by most physicians in the low potencies, although all potencies may be used. It may also be indicated during the last weeks of pregnancy when the patient suffers from false labor pains, these consisting of painful bearing down sensations in the hypogastrium. I have known a single dose to stop them after they had lasted for hours.

I have next to speak of *helonias dioica*, or the false unicorn, one of the order of the *liliaceæ*. This is one of the new remedies and it is one which has proved itself worthy of a place by the side of the well-tried pulsatilla. It is serviceable in females who are run down as to their nervous system; who are easily fatigued by any work and who complain of a tired backache, this tired feeling extending into the limbs. They seem to feel better when they are working than they did when they commenced to work. Now this is not the *rhux tox.* condition. It is not due to a limbering up of stiff joints as under the latter remedy. The reason for the symptom is that some of the languor passes off as the patient continues her labors. The backache is usually situated in the lumbar region just over the site of the kidneys, or it may appear lower down and affect the sacral region. Pain in either of these situations may accompany uterine disturbances. You will find also that *helonias* is useful for suppression of the menses (here it is quite akin to pulsatilla) when the kidneys are congested. It seems as if the monthly congestion, instead of venting itself as it should through the uterine vessels, has extended to the kidneys giving rise to albuminuria. The urine is scanty and turbid. Then again you find *helonias* called for after confinement when there is a tendency to prolapsus and other mal-positions of the uterus. The patient complains of heaviness and dragging in the pelvic region. There is a sensitiveness which has been expressed as "consciousness of the existence of a womb." You know that we are not conscious of our internal organs. They move and perform their respective functions without any sensation. The minute your sensations tell you that you have a stomach or liver, that minute you begin to have disease there. Accompanying these symptoms of prolapsus and of uterine over-sensitiveness, you will notice, too long-lasting lochia, if I may use that term. To be more exact, I should say that there is a sanguineous discharge which continues for weeks after confinement. I can recall a case which I treated last winter. It was that of a lady who gave birth to a very large child and suffered afterwards from prolapsus uteri.

I gave her several remedies without relieving her so that at the end of three months, she was still uncured. About this time she began to complain of tightness across the chest, with cough and some little bloody sputum. Her mother before her, had died of phthisis after giving birth to twins, so I feared serious lung affection. Phosphorus did no good. Nux did no good. I studied up the case more thoroughly. She told me that she felt as though there were a heavy weight over the chest on the sternum and a feeling as though the chest had been gripped in a vise, with that sore feeling which follows. This annoyed her when she awakened at night. These chest symptoms were symptoms that had been noticed in the male provers of helonias. However, I gave that drug, which entirely removed that symptom and the prolapsus. Then, again, with the helonias, you frequently find a tendency to inflammation of the vulva and vagina with formation of pus. You may also use it in ulceration of the cervix uteri. With this there is a leucorrhœa which has a bad odor, and every little exertion tends to produce a flow of blood. With these symptoms there is almost always persistent itching about the genitals with or without the formation of blisters or sores. During labor itself we know little or nothing concerning the value of helonias.

A drug to be placed by the side of helonias is *senecio aureus*. This drug causes inflammation of mucous membranes, so that you find it useful when there is tendency to catarrh of the nose, throat and lungs, particularly in women. It is especially suited for nervous, excitable women who suffer much from sleeplessness traceable to uterine irritation, as from prolapse or flexion of the uterus. The patient suffers from scanty menstruation, and she is apt to be tearful. There is dry, teasing cough, with stitching pains in the chest and blood streaked sputum. The bladder sympathizes with the uterine disease. There is much pain at the neck of the bladder attended with burning and dysuria. After the onset of the menstrual flow the chest and cystic symptoms become modified or cease, thus showing how intimately they are related to the irregularity in the menstrual effort.

Another drug is the *aletris farinosa*. This is one of the most bitter substances known. It is closely allied to senecio and helonias. In allopathic parlance, it is a tonic. It is especially useful in women who, in addition to the uterine trouble and leucorrhœa, have extreme constipation, great effort being required to effect an evacuation from the bowels. There is great accumulation of frothy saliva. There must also be mentioned for aletris as a remedy, weakness of digestion; food distresses the patient and lies heavily in the stomach.



*Cyclamen* is very similar to *pulsatilla*. They are both suited to chlorotic and anæmic women and they both have some trouble with the digestion and intolerance of fatty foods. The menstrual colic and irregularities are almost identical in the two drugs. The same kind of melancholy is common to both. *Cyclamen* may be distinguished from *pulsatilla* by these symptoms. Generally but not always, there is more thirst with the *cyclamen* patient. The *pulsatilla* patient feels better in the open air, the *cyclamen* does not. The *cyclamen* patients suffer from a peculiar kind of debility or torpidity both of mind and body with languor. They cannot think. They are better when aroused and forced to exercise. When they get up in the morning they feel so heavy and languid that they feel as though they could scarcely go through the day's duties, but when they once get to work they go on tolerably well until night time. That is *cyclamen* and it is very much like *helonias*. They suffer too from dullness of the senses with flickering before the eyes. You often find this in weak anæmic women. They see various colors before the eyes, very much as under *santonine*. Sometimes they have half-sight. The indigestion with which they are troubled has this to characterize it; formation of flatus which causes colic at night, forcing the patient to get up and walk about for relief.

It yet remains for me to speak of *hydrastis canadensis*. This is a remedy which acts even more powerfully on mucous membranes than does *pulsatilla*. It causes catarrh of the mucous membranes of the nose, stomach, bowels, bladder, uterus and vagina, the discharge however, being more acrid than it is under *pulsatilla* and of a thick yellow or bloody appearance. In uterine affections, *hydrastis* is indicated for prolapsus uteri with ulceration of the cervix. The leucorrhœa is watery at times and at other times, thick, yellow and excoriating; this condition being associated with gone, weak feeling at the pit of the stomach, and well marked palpitation of the heart. The tongue is moist, and coated of a dirty yellow color and takes the imprint of the teeth. The face is sallow and the eyes are sunken and surrounded by dark rings. The bowels are apt to be constipated, the stool being coated with mucus or intermixed with mucus.

Lastly, *Lilium tigrinum*, which helps in uterine complaints when there are sharp pains across the abdomen from one ilium to the other, but in addition there are marked bearing-down pains, making the patient cross her limbs. She places her hand over the vulva to support the viscera.

*Pulsatilla* cures a fever with these symptoms: The head is hot and

the lips are dry. The patient is constantly licking his lips to moisten them, yet he does not wish to drink. It may also be used in intermittent fever after the abuse of quinine when thirst appears at two or three o'clock in the afternoon. Then comes chill without thirst and anxiety and oppression from nervous congestion of the chest. The patient is sleepy yet she cannot sleep. Sometime one hand is hot and the other cold.

*Pulsatilla* is indicated in *measles*. I think that is often given in the wrong place. It is indicated when the catarrhal symptoms are prominent and we have coryza and profuse lachrymation. The cough is usually dry at night and loose in the daytime. The child sits up in bed to cough. It may also be used when there is earache. Do not give *pulsatilla* in the beginning when the fever is high. You should begin the case with *aconite* or *gelsemium*. The eruption may come out to its full extent or it may have a dark appearance.

*Kali bichromicum* is to be used when instead of simple catarrh of the eyes, you have pustules developed on the cornea. The throat is swollen and pains go from the throat into the ears, the salivary glands are swollen and there is catarrhal deafness.

In *neuralgia*, *pulsatilla* is indicated when the pains are jerking, erratic and paroxysmal and as they continue, they become more and more unbearable.

*Spinal irritation* is also an indication for the drug. The neck and in fact the whole body feels as stiff as a board. The small of the back feels as if tightly bandaged. There are pains in the sacral region, worse on sitting and when bending backwards. The joints feel weak as if they would become readily dislocated. Rest relieves these symptoms, hence the patient is better after sleep.

In backache, worse from sitting, you may think of *zincum*, *cobalt*, *sepia* and *cannabis indica*.

The sleep symptoms of *pulsatilla* are very characteristic. The sleep is restless with frequent waking and troubled dreams; on waking is dull and listless.

In sleep symptoms, *pulsatilla* and *nux vomica* differ very much. While the former is wide awake and full of ideas in the evening, *nux* is sleeping in the evening. The *nux* patient awakes at three or four o'clock in the morning feeling rested. He then goes to sleep again and awakes at the usual time feeling a great deal worse.

*Cocculus* has sleeplessness from pure mental activity. Sickness follows very slight deprivation of sleep.

*Sulphur* has "slightest noise at night awakens the patient."



### "THE ISSUE IN ENGLAND."

(From advance sheets of the *Monthly Homœopathic Review*.)

The Margaret Street Infirmary for Consumption and Diseases of the Chest, now in the fortieth year of its existence, has recently been the arena of a conflict between the partisans of old-school medicine and the adherents of homœopathy. It has a large staff of medical officers, two of whom, Dr. Jagielski, one of the three physicians in ordinary, and Dr. Marsh, one of the visiting physicians, have for several years been converts to the system of Hahnemann, and have employed homœopathic remedies in the treatment of their patients in the Infirmary. Though they made no concealment of their change of treatment, no notice was taken of this until last year, when a movement was commenced by some of the members of the Medical Staff, aided by the Executive Committee, to oust them from their posts on the Medical Staff. At the instigation of six of the allopathic members of the staff, the Executive Committee addressed a letter to Drs. Jagielski and Marsh, calling on them to cease treating the patients homœopathically, to resign any appointments they held in homœopathic institutions (Dr. Marsh, as is well known, is one of the physicians to the London Homœopathic Hospital), or to resign their appointments on the Staff of the Infirmary. Our two colleagues replied that the laws of the Infirmary gave the Executive Committee no right to interfere with the medical practice of their medical officers, nor to require their resignation of appointments outside the Infirmary, nor to call upon them to resign their appointments on the Staff of the Infirmary. On this the Executive Committee summoned a Special General Meeting of the governors, "in order to ascertain their views on the subject," but owing to an informality in the mode of summoning the meeting, it could not do anything. The Annual General meeting is fixed by the laws of the Infirmary to take place on the fourth Wednesday of January. Accordingly on that day—the 26th January—the opponents of homœopathy on the Medical Staff, the Executive Committee and their friends among the Governors assembled in unusual numbers, resolved to try and do something to secure the ejection of the innovating physicians from the Infirmary. But with the fatality that seems to attend all the proceedings of the Executive Committee, it was found that the accounts had not been audited, and therefore could not be passed, and that the report had not been presented in due form, so the chairman, Lord Grimthorpe, decided that, as in consequence of this neglect no business could be transacted at this meeting, it must be adjourned to a future

day. But before the adjournment Dr. Dudgeon called the attention of the meeting to a circular that had been sent to the Governors by seven members of the Medical Staff, in which they assumed to be "The Medical Staff," though they were only a portion of it, and no meeting of the Medical Staff had been summoned as required by the laws in order to consider the circular issued in their name. He begged to move that these seven members, in claiming to be the Medical Staff, had acted in an irregular manner. This was seconded by Dr. Jagielski, and carried by a show of hands.

Dr. Dudgeon next directed the attention of the meeting to the letter addressed by the Executive Committee to Drs. Jagielski and Marsh, which he contended gave the Executive Committee no authority to dictate to the medical officers how they should practise, still less did the laws give the Executive Committee any right to call on any of the Medical Staff to resign their appointments on the staff. He therefore moved that the Executive Committee in sending this letter to Drs. Jagielski and Marsh had committed an irregularity. This motion too was passed, the votes being 19 for the motion and 15 against. Of course the committee, who were present in force, voted to a man against the motion which condemned their own action. At the adjourned Annual Meeting held on the 2d February, the accounts being audited and the report properly presented, these were both passed, and no further effort was made to interfere with the physicians who had adopted the homœopathic treatment.

Thus the endeavor of the seven objecting members of the Medical Staff and of their friends in the Executive Committee, came to naught, and both got from the meeting what practically amounted to a vote of censure, for their attempts to interfere with the liberty of opinion and of practice of the physicians of the institution.

The cause of right and justice has thus triumphed in the Infirmary, but it is not to be expected that the bigots will sit down quietly under their defeat. Were they ever so much disposed to let matters alone, the medical periodicals and societies would not suffer them to do so. Indeed, the week before the question was decided, the *Lancet*, in a short paragraph, said that if the physicians who practised homœopathically in the Infirmary were not turned out, it would be the duty of the other doctors to resign. Nothing could give the advocates of liberty of opinion more pleasure than to see the intolerant party send in their resignations, for it is always delightful to see your adversary "cut off his nose to vex his face." But we doubt if this happiness is in store for us, at least not without some further effort on the part



of the champions of intolerance. In the meantime the posts of Drs. Jagielski and Marsh are quite safe, for the proceedings of the last two months have shown that, by the laws and constitution of the Infirmary, no one has the right to find fault with the practice of the physicians, and that they are practically irremovable.

Moreover, the seven illiberal members of the Medical Staff do not include the whole of the non-homœopathic physicians. The senior physician of the Infirmary, Dr. Cooper Torry, is strongly opposed to the action of the seven, and is a zealous advocate of the right of every medical officer to practice according to his convictions. It is extremely gratifying to us to find a man of Dr. Torry's eminence and experience such a staunch upholder of freedom in matters of science, and of justice to his colleagues, even though they differ from him in their medical views.

The spirit of this intolerant seven offers a marked and lamentable contrast to that of their liberal-minded colleague. There is something pitiful and contemptible in the spectacle of a number of the representatives of what ought to be a liberal profession, who arrogantly claim to be scientific while they deny us all right to the appellation, thus stultifying their pretensions and degrading a noble calling by banding themselves together into a trades-union gang for the purpose of suppressing liberty of opinion, attempting to force their own views on their colleagues, or in the event of not succeeding in this, endeavoring to obtain their expulsion from the posts they have hitherto filled with credit to themselves and advantage to their patients. In order to accomplish their unworthy end they issue a circular addressed to the Governors of the Infirmary, in which they incorrectly describe themselves as *The Medical Staff*, a title to which they have no more right than the three tailors of Tooley Street had to that of *the people of England*. In this circular, in which they prate of their "fairness and honesty," they insinuate that their two colleagues obtained their election to the medical staff on false pretences, viz., by falsely representing themselves to be "duly qualified medical men practicing medicine on generally recognized principles," when they knew very well that Dr. Jagielski and Dr. Marsh had all the qualifications required by the laws of the Infirmary, and that they practised medicine in the ordinary manner when they were elected, and only adopted the homœopathic treatment some years afterwards, after careful study of it and conviction of its truth.

It is absurd to suppose that physicians, who, when first elected, were considered perfectly competent to fulfil the duties of medical officers

of the Infirmary, should become incompetent because they have learned more than they knew before, and have made themselves practically acquainted with what they consider a better method of treatment. The mode adopted by the seven members of the staff to disprove the truth of homœopathy, reminds us of the celebrated Irish criminal, who, when he was told that two witnesses were ready to swear that they had seen him commit the crime, said he could bring twenty witnesses who would swear that they had not seen him do it. This negative testimony was not held to be as valuable as the prisoner believed it to be; but this is precisely the sort of testimony adduced by these opponents of homœopathy. Two of the staff, having carefully tried homœopathy, testify to its excellence; but seven of the staff, not having tried it, confidently assert that it is utterly useless. Seven witnesses must surely outweigh two!

This sort of negative evidence is overwhelmingly convincing to medical societies, from which all who have any practical acquaintance with homœopathy are rigidly excluded, and where every member has formed a foregone conclusion, evolved, like the German professor's camel, from his inner consciousness, that homœopathy is utterly and entirely wrong. But when such evidence is brought before a meeting of intelligent laymen it is brushed aside as altogether worthless, and the testimony of those who have studied and tried the treatment is alone regarded as entitled to any consideration.

The rebuff given by the resolutions passed by the meeting to the meddlesome and bigoted adherents of the old school, and their aiders and abettors in the Executive Committee, is a triumph for the cause of freedom of opinion in medicine. Had the intolerant anti-homœopathic representatives of old school medicine in the Infirmary for Consumption had their own way, and been confirmed in their pretensions to suppress the practice of their colleagues when it differed from their own, they would have succeeded in forging a weapon which on some future occasion would assuredly have been used against themselves. In the meantime, the Governors of the Infirmary deserve the grateful thanks of the whole medical profession for having vindicated the right of every medical man to practice his profession in the way he thinks most conducive to the advantage of his patients.

It is curious to note that the College of Physicians in the celebrated resolution which it passed in 1881, designedly against the practitioners of homœopathy, commences its intended anathema by saying: "The College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine."



But these seven members of the medical staff of the Infirmary have no hesitation in rushing in where the College feared to tread, for they evince the most earnest desire to fetter the opinions of their members.

In the circular to the governors, in which the seven members of the medical staff impudently represent themselves to be "The Medical Staff"—for which they were justly rebuked by the meeting—and in which they make the *suggestio falsi* that their two colleagues obtained their election to the Staff under false pretences, these high-minded gentlemen utterly deny the accusation of "conspiracy and persecution" brought against them by their two colleagues in a circular they addressed to the governors. In this paper Dr. Jagielski and Dr. Marsh do certainly accuse "some members of the Executive Committee" of "conspiracy and persecution," but they do not indicate their opponents on the medical staff. The energy with which the seven members of the medical staff repudiate the accusation which was not especially directed to their address, looks like a consciousness of guilt, and their profession of "fair and honest" conduct reminds us of the lady who Hamlet's mother thought "doth protest too much."

The whole transaction would make a good plot for a melodrama. We have first the two doctors testing the heretical system in secret, then becoming satisfied of its efficacy, and openly practicing it upon their patients. Then we see the seven sworn enemies of innovation and defenders of the ancient faith (by-the-bye seven is a capital number; there were seven sages of Greece, and there are seven cardinal virtues and seven deadly sins,) laboring to induce the old and venerable senior physician to join them; but foiled in their attempt by his incorruptible virtue and attachment to freedom of conscience, they conspire in secret, hold hole-and-corner meetings, at which they draw up a round robin calling on the Executive Committee to expel the heretics. The Executive Committee, nothing loth, summon the innovating two to renounce their heresy, or else leave the sacred precincts of the temple of orthodoxy. The two positively refuse, and defy the committee to do their worst. The committee try accordingly, but can do nothing. Then the Annual Meeting comes on, and the conspirators muster in strong force, hoping that some opportunity will present itself for carrying their desire into execution; but one of the governors, who has devoted himself to a profound study of the laws of the institution, shows that in acting as they have done both the seven conspirators and their accomplices of the Executive Committee have broken these laws. On this the meeting passes a vote of censure

on both sets of law-breakers, and the curtain falls on a grand tableau, representing the Triumph of Liberty of Opinion and the Defeat of Bigotry and Obscurantism !

Since the above was in type the enemies of homœopathy in the Executive Committee, ignoring altogether the votes of the Annual General Meeting, summoned a Special General Meeting of the Governors, which was held on the 16th February. At this meeting, at which Lord Grimthorpe again presided, the Rev. W. R. Mowll, the Chairman of the Executive Committee, moved the following resolution : " It having been proved that Drs. Jagielski and Marsh have treated patients of the Infirmary homœopathically, that Dr. Jagielski's name appears in the *Homœopathic Directory*, and that Dr. Marsh holds an appointment on the Staff of the London Homœopathic Hospital, these gentlemen be requested to resign their position on the Staff of the Infirmary." This was seconded by Captain Hunter Baillie, a member of the Executive Committee. Dr. Dudgeon moved an amendment to this effect : " That any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary and its patients, and is contrary to the spirit of the Medical Act of 1859." This was seconded by Mr. Oliver Bryant, and after a lively discussion, in which Dr. Chalmers figured as the advocate of the objecting members of the Medical Staff, and was supported by the Rev. J. J. Coxhead, a member of the Executive Committee, while Drs. Jagielski and Marsh ably defended their action, the amendment was put to the vote and carried by 20 against 17. Previously to the meeting a circular had been sent to the Governors, marked in red ink, " Urgent and Important," earnestly entreating the Governors to attend the meeting and support the motion for compelling the two homœopathizing Medical Officers to resign, and declaring that if the homœopathic practice was continued in the Infirmary the majority of the Medical Staff would resign their posts thereat. This was signed by six of the Medical Staff, the Treasurer, the Solicitor, and several of the Executive Committee, in all 15 persons. But as the opponents of liberty of opinion could only muster 17, it does not seem that this appeal to the Governors had had much effect.

Since their decisive defeat, we learn from the *Lancet* that these six members of the Medical Staff have sent in their resignation, and the same step has been taken by their chief supporters in the Executive Committee. It is to be hoped that the friends of liberty of opinion in



medical matters will come forward in large numbers and become Governors of the Infirmary, in order to keep it in a flourishing condition as an institution not dominated by the narrow-minded exclusiveness of a sect, but one where the medical officers are accorded perfect liberty of opinion and practice in the art of therapeutics.

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## OBSERVATIONS ON OERTEL'S TREATMENT OF CARDIAC DISEASES.

BY S. LILIENTHAL, M. D., NEW YORK CITY.

In fatty heart, in insufficiency (atrophy) of the cardiac muscle, especially in a case of chronic alcoholismus complicated with nicotine-poisoning and angina pectoris, in high-graded arithmic, manifestations of stasis, œdema, asthma, a carefully conducted treatment according to the plan of Prof. Oertel showed wonderful results in a great many cases observed at his sanitarium in Meran. Especially the reduction of fluids seemed to be of the greatest benefit, though at first the patients, especially males, rebelled against it. In cases of debility the ascending of mountains was at first limited, till with increasing strength more could be accomplished.

It may be difficult to find the limit where the heart suffers so much from fatty degeneration that even a slight ascension becomes dangerous; but the reduction of fluids is always of benefit, as it removes a great deal of labor from the heart. In moderate cases the difficulties of ascension diminish from day to day, especially as thus the patients perspire more or less and feel encouraged to continue treatment.

A high-graded fatty degeneration of the heart is a strong contra indication to such treatment, and where arterio-sclerosis is supposed to exist, it may better be left alone or with the utmost care a trial may be made. Patients with valvular affections were at first only treated with the utmost caution, but Oertel soon found out that with the exception of affections of the aortic valves, such affections and particularly where the mitral valves with compensatory disturbances are involved are especially suitable for his treatment. He found that the reduction of fluids, whether the patient was fat or lean, increases the quantity of urine, though according to the state of the disease and the habits of the patient the reduction does not always hold the same proportion. A large, well made man with slight compensatory disturbances, does not need the withdrawal of such large quantities to restore the disturbed hæmodynamic equilibrium, as a small man, a habitual toper, or one suffering from grave complications.

The two other factors in Oertel's treatment, the ascending of hills and the dietary regulations are the chief means to strengthen the heart, and it is really astonishing to see how patients, relieved from their dyspnœa, œdema and from the manifestations of their, more or less severe, complications, roam for hours about the mountains.

It is far from proved that children with cardiac affections are not fit subjects for this treatment. Just as lean persons, suffering from cardiac affections, need more carbon hydrates than fat persons, but must attend to their regular walking exercises, so children under the same condition, may partake of their milk, after all inflammatory symptoms of the heart had passed away for some time. Cases may happen where a combination of Oertel's treatment with other cases may be necessary, as where the kidneys are already so far advanced in their degeneration that a reduction of the fluids would not succeed any more or where exercise is impossible or where the diet must be a symptomatic one; but even then a careful limitation in the amount of fluids may yet produce a transitory increase of urine, a decrease of œdema, as witnessed in a case of nephritis parenchymatosa chronica, cardiac hypertrophy, complicated with diabetes mellitus. A preceding milk-treatment had removed the ascites and anasarca, and digitalis failed to be of any service; all the symptoms returned with full vigor, till Oertel's treatment caused a considerable urinary discharge and enabled the patient to lie down at night without his asthma, though the inevitable could not be prevented.

In relation to tuberculosis the same treatment had been recommended, especially as mountain treatment finds generally much favor in the treatment of tuberculosis and in fact it is a great invigorator of the heart, when at the same time we use a supporting treatment, good food and plenty of it and healthy drinks.

Among many cases treated may be mentioned:

1. *Obesity and fatty heart.* Both parents and a brother died from cardiac affections. In consequence of a mental emotion Mrs. G., 39 years old, had in 1880, the first severe nocturnal attack of palpitations, another nocturnal one in 1885, and henceforth a weekly attack, lasting 11 to 12 hours, followed by great debility and inappetency. Oertel ordered the following menu: Breakfast: 100 cbctm. coffee and some bread; forenoon: one or two soft eggs; dinner: 150 to 200 gramm. meat, salad or green vegetables, stewed fruit without sugar, or fresh fruit; three quarters of an hour later 250 cbctm. wine or wine with water; afternoon: 150 cbctm. coffee; supper: meat or pancakes, followed in half an hour by 250 cbctm. wine; water 50



cbetm. in the forenoon and the same quantity, if wanted, in the afternoon. *Status præsens*: obese subcutaneous cellular tissue, moderate enlargement of the diameter of the heart; sounds clear, but weak; pulse 88, small, empty; urine scanty, muddy, sediments, no albumin; sleep disturbed, is irritable. She walked at first on even ground, and gradually increased her mountain exercises. After a residence of five months at Meran she could stand a continuous walk of four hours daily, up and down, without difficulty or dyspnœa. October 1885 she used to drink 1075 cbetm. fluids and discharged by urination only 575 cbetm. In Meran the very opposite took place, her urine was clear and she lost six kilo in weight. Sleep and appetite are normal, and the heart has regained its normal strength; for the last ten weeks she did not feel the least palpitations; she feels well and is well.

2. A girl of 12 years, whose father is gouty and her mother fat, complains for the last three years of periodically returning pains and swelling of the left knee, feet and fingerjoints. Cold water treatment relieved, but in the fall of '86 all her joints were affected so that for nearly five months she was confined to her bed and her weight increased from 43 kilo to 47.5 kilo. Her panniculus adiposus was immense for her youth, the diameter of the heart enlarged, the sounds weak, pulse small and empty; slight cyanosis of skin and mucous membranes. She complains of dyspnœa, oppression and palpitation in going up stairs.

The same treatment and diet, as in the first case, were strictly adhered to. When she left her weight had decreased from 47.5 to 44.5 kilo, and mountain exercises became a pleasure.

3. Insufficiency of the mitralis, high-graded stasis, œdema. A man of 54 years suffered for ten years from bronchial catarrhs, asthma, vertigo, headaches, palpitations, enlarged liver, œdema pedum and albuminuria (sp. gr. 1009, albumin, 0.1 to 0.25, off and on granulated cylinders). Carlsbad helped him for several seasons. Since the summer '85 his hepatic troubles and asthma have steadily increased. December 1885 he had a slight attack of apoplexy which passed off in a week. Examination of this rather corpulent patient revealed a bloated, cyanotic face, moderate dilatation of the right ventricle, a systolic and a diastolic murmur at the apex; pulse 88, small, irregular, intermittent. Extensivus rales in the lungs; œdema of lower extremities and genitals. Insomnia and inappetency, dyspnœa and palpitations; unable to walk even a short distance on even ground; speech troublesome from want of air.

He remained three months at Meran. The difference in importing and exporting fluids shows :

8 and 9 Febr. 1886.	Drinks 1300	Urinate 2200	Difference .900
17       "       "	"   1200	"   2600	"   .1400
20       "       "	"   1300	"   2200	"   .900
23 March,	"   995	"   1385	"   .390
24 April,	"   1100	1500	"   .400

Weight formerly, 107 kilo, January 1886, 91.8; February, 86.4; March, 82.9; April, 77; so that he lost in three months 14.89 kilo.

He felt greatly improved when he left; neither palpitations nor dyspnœa, his lungs free from catarrh, only traces of his former œdema, as his urine still contained some albumin. The systolic and diastolic murmurs were the same, but the contractions of the heart stronger and more regular. Patient walked for three hours daily and even moderate hills were not objected to.—*Allg. Med. Central Zeitung*, Jan., 1887.

Many more cases are cited to prove the value of this dietetic and hygienic treatment, but the pages of the HAHNEMANNIAN are too valuable to be filled with repetitions, as these cases would show.

What I wished to impress upon the reader was that *similia similibus curantur* is the only law of therapeutics, if we add to it the proviso, "as far as drug-action is concerned," but if our purists insist upon it that no other treatment can ever restore the equilibrium between the disturbed life-forces, Oertel's treatment of these fatty deposits proves that they can be removed without a particle of any medical agent. Fresh air, exercise and a regulated diet are the means to restore the balance, and the kidneys and the external skin are the emunctories for that purpose. How nicely the quantity and quality of the food and of beverages is regulated; often, but only a moderate quantity at a time, so that the stomach may never be distressed! The large proportion of carbon and hydrogen, probably gave to the celebrated professor the hint to reduce the quantity of fluids daily imbibed, and the fresh air of mountainous regions, containing so much oxygen, is just the antidote to these obese persons, whose fat contains so little oxygen and who, therefore, plus the overweight which they have to carry, complain so often of precordial anxiety, dyspnœa and palpitation. Oertel removes this overweight and the overtaxed muscles regain their power, the lungs lose that superficial respiration and new life is thus instilled in every cell of the body. Perhaps this may not



be called therapeutics, but it is at least a wise medical treatment, without being a medicinal one and responds to all the requirements which physiology, normal or perverted, can demand. And still these dietetic and hygienic lessons are too much neglected by all schools, and the brains of our pupils crammed with the knowledge of drugs and their action. It is the duty of the honest physician to teach the public how to keep in good health and to show them the way by hygienic and dietetic measures how to keep from transgressions, and how to keep their bodies pure and immaculate, in order to enjoy their lives pleasantly and happily and to reach a good old age.

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### BRONCHIAL HÆMORRHAGE RESULTING IN ACUTE CONSUMPTION OF THE LUNGS.

BY ROBERT N. FLAGG, M. D. OF YONKERS, N. Y.

Read before the New York Society for Medico Scientific Investigation, January 4th, 1887.

In bringing to the notice of this Society a case of bronchial hæmorrhage, I am aware that I am following a well-worn path in medical literature and that the subject can hardly be an original one. However, as no two cases are exactly alike and as many patients present some singular aspects, I feel sure if you will bear with me there may be a point or two in the case that will repay your consideration.

I shall not touch upon the etiology, symtumatology or diagnosis of bronchial hæmorrhage but come at once to my patient's history.

About a year ago I had occasion to prescribe for a young lady about twenty-eight years of age who had been suffering for a year or two with weakness of the pelvic viscera. There was a history of a fall sustained some years prior to the development of the difficulties, and as she presented many symptoms of uterine displacement I sent her to a lady physician in this city for an examination. Not long after, I received a letter from my consulting physician in regard to the case. She found the cervix uteri unusually long, the uterus somewhat prolapsed, no ulceration or congestion, and considered the nervous symptoms dependent upon the fall which had produced concussion of the spine and brain. The heart and lungs were in excellent condition.

The patient was at that time in a very nervous condition—sleepless, relaxed in every way, unable to retain the urine long at a time, little appetite, and under a severe mental strain. She had no cough nor was there any history of phthisis in the family. My treatment was to have been rest in bed, but I could not convince the family that such

was necessary and so it resulted in my seeing her occasionally at the house and in the office.

With this introduction to the patient a sudden summons to the house on the morning of February 6th, with the announcement that the patient had a severe hæmorrhage, was quite unexpected. I reached the house soon after and found there had been a severe bleeding, evidently, from its clear, bright, clotted character, from the bronchial mucous membrane. The patient was coughing up mouthfuls of bright blood, and was anxious, restless, nauseated. I gave ice and *hamamelis*, with *aconite* 4x occasionally, and the bleeding ceased.

There was a history of severe cough of a few days duration, bronchial in character, an exposure at church the night before, which was a cold one, and a more severe cough during the night. In the morning a severe paroxysm brought up some blood and upon the patient's suddenly getting out of bed it had come up in large amounts, spurting over the door, which in her terror she tried to open. The amount lost had covered the bottom of a slop-jar to quite a depth and was suggestive of a ruptured blood-vessel.

There were coarse bubbling rales over the left lung and less vocal fremitus lower down; constant desire to cough and slight bloody expectoration each time. Before I left there was a cessation of the bleeding.

I made another call in two hours and found there had just been a return of the hæmorrhage and that another doctor had given ergot, a teaspoonful of the fluid extract.

The amount of blood lost surprised me. It filled to the depth of half an inch a good sized slop-jar and was bright and clotted. After the hæmorrhage she vomited large, dark clots of blood which had evidently passed into the stomach from the lungs. This accounted for the intense nausea. Pulse weak, respiration rapid and cough loose, rattling and bringing up bright clear blood each time. *Rx.* *Ipecac* 4x and *Ham.*, using the ergot if required. At one p. m. there was another hæmorrhage more easily controlled. The restlessness was so great that a hypodermic injection of *Morph.*, one-tenth of a grain, was used. At four p. m. there was another hæmorrhage, but not as severe and none afterwards through the night. We had a trained nurse using *ippecac* and *ham.*, and having the ergot near by for use if needed. In order to produce as little swallowing as possible we used rectal feeding with beef peptonoids.

Feb. 7th. Quiet all day. No fever and no return of hæmorrhage.

Feb. 8th. A slight hæmorrhage at four a. m. At 4 p. m., just 48



hours from the last severe hæmorrhage there was another severe one. The patient became nearly unconscious and pulseless, and would have died but for the prompt use of a hypodermic of brandy.

Owing to the suggestion of a much respected physician we used by the hypodermic method the aqueous extract of ergot, 15mns at once, repeating every half hour after with 10mns, and following every two hours after with the same quantity, 10 mns. This was kept up during the night, the patient receiving about two drachms by morning.

There was no hæmorrhage during the night. Kept up the strength with Murdock's liquid food as we had to give up the rectal feeding.

Feb. 9th. No return. Used the ergot every two hours.

Feb. 10th. Began to use less ergot as a reaction was setting in. Temperature rose during the day, being 101° by evening. The pulse was stronger owing to the ergot. Patient received some benefit from Bell. 4x during the night. Lungs present coarse rales and some crepitations on left side.

Feb. 11th. Temperature 102° in morning, 103° in evening; cough ceasing and loose, stringy expectoration.  $\mathcal{R}$  Kali b.<sup>s</sup> and Bell.

Feb. 12th. Slight hæmorrhage, easily stopped. Ergot every 4 hrs. Temp. 102½ in evening.

Feb. 13th. Slight hæmorrhage.  $\mathcal{R}$  China. 3x. Ergot as required. Temp. 102.

Feb. 15th. No return of hæmorrhage, discontinued ergot. Fever same.  $\mathcal{R}$  China. and An.

From this time on the case assumed the appearance of acute catarrhal phthisis. There was constant loose cough, active fever at night and good appetite.

March 1st. Dr. I. McE. Wetmore saw the patient. He agreed with the diagnosis of ruptured blood-vessel in bronchia. Found the left lung had filled up with blood, of which it was slowly cleansing itself, making a condition resembling the third stage of pneumonia. The lung was full of coarse rales and crepitations could be heard in the lower lobes as well as the upper. Dr. Wetmore's prognosis was favorable provided the lungs could stand the strain. Advised small doses of quinine for the fever, to be given in the A. M. and the symptoms to guide the choice of remedies.

In about three weeks Dr. Wetmore saw the case again. By this time there was a large cavity in the middle lobe of the lung and the tissues about were rapidly breaking down. Gave no hope of recovery.

The progress was slowly downward, the case presenting the familiar one of catarrhal phthisis, hectic-fever, increasing weakness, no

hope of recovery and gradual breaking down of the lung. Death resulted on the 25th day of May, 3 months and 3 weeks after the first hæmorrhage.

I have brought the case before you for consideration and criticism. The origin was peculiar. The absence of hereditary tendency to phthisis, no development of the consumption until after repeated hæmorrhages; the quantity of blood lost evidently coming from the rupture of a large blood-vessel. The laxity of fiber under the strain of a severe cough while in a congested condition permitting such a result as rupture. All point, not to a beginning of the disease from the usual developed bronchial inflammation, but to the filling up of the delicate alveoli with blood breathed into them from the source of the hæmorrhage, a broken blood-vessel high up in the bronchial tubes.

The ergot certainly seemed to control the case but could it have lessened the chance of recovery by over-contraction of the small vessels in the lungs?

With these remarks upon my patient's history I leave the case in your hands.

#### CASE OF LEAD POISONING (IN A CAT), CURED BY ALUM.

BY E. M. HALE, M.D., CHICAGO, ILL.

While attending a child in a family who were very fond of domestic pets, my patient, a little girl, asked me if I would not do something for her Pussy. On inquiry, I was informed that the cat, a fine, intelligent Maltese, accidentally got her feet and a portion of her body, into a pail of white paint, made of white lead. He was taken out and immediately washed as thoroughly as possible, but all the paint could not be gotten out of the hair.

The cat set to work, and labored as only cats will, to free himself from the paint. It was nearly two weeks before he considered himself presentable. But about this time the animal began to show decided symptoms of poisoning. He vomited his food; had violent attacks of colic, during which he was "cramped" nearly double; the abdomen was contracted during the pain, which was excruciating, and was attended by cries and screams. Obstinate constipation set in—no stools for weeks. The hair came off all over the body, except tufts here and there. When I saw the cat, it was a pitiful and repulsive sight. The eyes were dim and blood-shot. He was emaciated to a skeleton, no food would remain on the stomach, and he was kept alive by giving a few spoonfuls of cream a day. He walked with the back "humped up." The hind legs were contracted and partly paralyzed. The "wrist-drop" was apparent in the fore paws, and it was



with great difficulty he could drag himself across the room, moving apparently with great pain. More to please the child, than with any hope of affecting a cure, I directed that 5 grains of *alum* be dissolved in as many dessert spoonfuls of cream, and these be given at regular intervals during the day.

A few days after, I ceased attendance on the child, and nearly forgot about my feline patient.

About three months after, I was again called into the family, and about the first object which I observed was a large, handsome Maltese cat sitting on the bed where my patient was lying. I exclaimed "Is this the cat which I prescribed for?" I was informed that it was. The child had faithfully followed out my directions with the following results. In a few days the cat retained not only the cream, but spoonfuls of broth, beef-tea and milk. In a week the colic paroxysms grew less acute, and less frequent. Then the bowels began to move every day. The eyes and skin showed an improved appearance, and a new growth of hair was perceptible. It was nearly two months before the contraction and paralysis disappeared. During these two months the *alum* was continued, gradually increasing the intervals between the doses.

I report this case for two reasons:—*First*: Because the cases of lead poisoning in animals must be extremely rare, I cannot find any cases recorded in any treatise on Diseases of Animals. *Second*:—As showing the remarkable, prompt and specific power of *alum* in this disease.

*Bartholow*, ("Practice") says: "It is a singular fact that the most effective agent for the cure of *colica pictonum* is *alum*. It relieves the pain and nausea and overcomes the constipation more certainly than any other agent. The chemical theory of the action is entirely inadequate to explain its remarkable effects: the conversion of any portion of the lead, present in the intestinal canal, into the insoluble sulphate would not suffice to quiet pain, relieve flatulence, and relax the obstinately constipated bowels. Its action is doubtless dynamical; it overcomes the relaxation and paresis of the muscular layer on which the phenomena of lead colic depend." He advises, for men, four grains every few hours.

After a careful study of the pathogeneses of *alum*, one can hardly escape having a conviction that it acts *homœopathically* in lead colic. The general poisonous effects of *alum*, have not been carried far enough to produce the paralytic and contracted symptoms similar to lead poisoning. But if we can judge by some of the symptoms, etc., of the extremities, we can see many, that if greatly aggravated, would closely simulate those of lead.

## Society Reports.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. THIRTY-SIXTH ANNUAL MEETING.

(Specially Reported for the HAHNEMANNIAN MONTHLY.)

BY H. L. WALDO, M. D., West Troy, N. Y.

The thirty-sixth annual meeting of this Society was held in the City Hall, Albany, Tuesday and Wednesday, February 8th and 9th, 1887.

The meeting was called to order at 10 A. M. Tuesday, by Dr. Henry C. Houghton, of New York City, President of the Society, and the proceedings were opened by prayer.

In his opening address, the President counseled moderation in debate, brief remarks in discussions, a cheerful acceptance of the will of the majority, joined with a respectful attention to the desires and hopes of the minority. In discussing the financial condition of the Society, the President stated that either the income of the Society must be increased or its expenses curtailed. He could suggest no curtailment except by depriving the Secretary of his hard earned salary. Every member of our school in the State who has been ten years in practice should be induced to join the Society. He advised that the Transactions of the Society be issued semi-annually, one part after each meeting, which would increase the demand for, and income from, the Transactions.

The minutes of the semi-annual meeting were read and approved.

The President appointed the following committees: *President's Address*, Drs. J. J. Mitchell, E. Hasbrouck, Geo. E. Gorham. *Credentials*, Drs. M. O. Terry and W. C. Latimer. *Auditing*, Drs. Bull and H. L. Waldo. *Invitations*, Drs. Wm. H. Watson and T. L. Brown. *Regents' Degree*, Drs. J. L. Moffat and E. W. Bryan. The following applications for membership were reported favorably upon by the censors, and the gentlemen were duly elected permanent members of the Society: Drs. Fred. S. Fulton, of New York City; Geo. W. Lewis, Jr., Buffalo; George Clinton Jeffrey, Brooklyn; Wm. E. Long, Buffalo; J. DeVello Moore, Utica; J. D. Heinemann, Buffalo; G. L. Borden, Caledonia; S. W. Skinner, Le Roy; J. H. Chamberlain, Belfast; Mark S. Purdy, Corning; Ferdinand Leger, New York; C. E. Walker, Henrietta.

The Treasurer, Dr. E. S. Coburn, presented his annual report, which showed that the debt of the Society had increased during the year to \$319.00. The receipts and disbursements had each been



\$1,023.70. Dr. Coburn stated that the debt was due to the increased expense of printing the last volume of Transactions, and to the neglect of permanent members and County Societies to pay their obligations to the State Society.

For the purpose of relieving the Treasury, it was decided that the office of Treasurer should no longer be a salaried office, and a resolution to that effect was adopted.

The Auditing Committee reported that they had examined the books and accounts of the Treasurer and found them correct.

The Committee on Credentials reported about fifty members and delegates present.

Nominations of officers being in order, Dr. Wm. H. Watson proposed the name of Dr. H. M. Paine of Albany. He referred to the eminent services of Dr. Paine in behalf of Homœopathy in the State and Nation; of the success with which he had met the attempts of the old school to secure sectarian legislation in this State; his labors in securing the establishment of the State Homœopathic Asylum for the Insane at Middletown; of his success in securing the passage of laws providing for the organization of State and county homœopathic medical societies, and of his efforts in organizing these societies. Drs. Dayfoot and Waldo spoke in endorsement of the nomination of Dr. Paine.

The President announced as a committee to nominate chairmen of bureaus: Drs. Lewis, Watson and Strong; Committee on Permanent and Honorary Members: Drs. Holden, Bryan and Brown.

Dr. F. P. LEWIS, from the Committee on Regents' Degree, recommended that it be conferred only on gentlemen of eminence in the profession, as the degree was designed to be purely honorary.

Dr. H. M. PAINE, of the Committee on Legislation, reported at length, and submitted the following resolutions:

*Resolved*, That in the opinion of this Society, it is desirable that the provisions of the laws of 1872, whereby the different schools of medicine in this State are provided with separate examining boards should be preserved and perpetuated.

*Resolved*, That whenever the provisions of this law are changed they should be so amended as to confer upon the boards appointed thereunder both examining and licensing powers.

*Resolved*, That we approve the enactment of the present bill, known as the Senate bill 45, the purposes of which are the codification of the present laws relating to medical practice and the better regulation thereof.

*Resolved*, That the Committee on Medical Legislation be instructed to endeavor to carry out and render effective the purposes and recommendations herein set forth.

DR. A. W. HOLDEN, Neurologist, announced the death of the following physicians: Drs. Pettit, of Fort Plain; Lawrence, of Port Jervis; Ormes, of Jamestown; and Liebold, of New York. A report was received from Dr. Anna C. Howland, a delegate to the Pennsylvania State Homœopathic Medical Society.

AFTERNOON SESSION.

DR. D. A. GORTON, of Brooklyn, read a paper, entitled "The Home Treatment of Lunatics." He argued that while insane asylums are necessary, and always will be, yet many cases, particularly those of a mild type, and those of functional origin, can be very satisfactorily treated at home. These cases, coming in contact with those of a worse form, when placed in asylums, often grow rapidly worse. While called mental, insanity is plainly a physical disease. It is therefore to be treated as such. The physician must ascertain the cause, not always in the brain, and the family physician is the best one to do this. Each case must be individualized, and treated carefully according to its special indications. This cannot be done so well in an asylum where large numbers of cases are collected.

DR. C. E. WALKER read a paper entitled "Some Diagnostic Points in Nervous Diseases." He described the varying, and often strangely contradictory symptoms of functional diseases. He presented a strong argument, with many illustrations, against the superficiality of the pure symptomatologist, and urged forcibly the necessity of taking the pathology into account in the treatment of every case. In debating the paper, Dr. Gorham thought that many so-called functional diseases were in reality due to organic causes. This has been demonstrated in some of the diseases of the eye and urethra, which were formerly considered functional. Exhaustion of some portion of the sympathetic system is often the cause of so-called functional diseases. He had seen cases of severe nervous disturbance cured by slitting the foreskin, and also by passing sounds into the urethra and rectum. Organic diseases at the various outlets of the body were particularly liable to cause reflex nervous disturbances.

DR. L. D. BROWN said it was important to find out whether the pain was in the periphery or in the brain, many times.

DRS. L. B. WELLS of Utica, D. H. Bullard of Glen's Falls, and A. S. Ball of New York, were placed on the list of senior members.



In the report of the Bureau of Obstetrics, a paper from Dr. J. Nicholas Mitchell of Philadelphia, was presented by Dr. Hasbrouck, entitled "A Case of Labor Obstructed by a Tumor." The labor was greatly delayed, although the fetus was finally delivered still-born. The mother died on the third day from rupture of the uterus. The inferences drawn from such cases were decidedly in favor of puncturing cystic tumors, in order to get rid of their contents and diminish their size.

DR. GORHAM described a case of labor complicated by an intramural tumor. The labor progressed favorably, and the patient improved till the fourth day, when collapse rapidly came on and death followed, probably from shock. At the post-mortem, a tumor three inches in diameter was found located in the walls at the fundus.

DR. E. HASBROUCK presented a paper, entitled "Obstetric Memoranda and Experiences" in over nine hundred cases. He ascribed great benefit to the use of arnica after confinement. He applied a bandage or not, as the mother preferred, rather inclining, however, to its use. He supports the head instead of the perinæum, and has found that a laceration more frequently occurs by the passage of the shoulders than of the head. For uterine inertia, he prescribes a wine glassful of vinegar. In every case it brings on contractions more frequently than ergot.

DR. DAYFOOT has given arnica immediately after delivery, and has uniformly found it useful. In suspended animation, he uses alternately hot and cold baths and artificial respiration. He always uses the vaginal douche when there is fever, the temperature going up to 101° or 102°. He supports the breasts with straps or bandages, and often gives iodide of potassium if there is a deficiency of milk.

DR. HASBROUCK had found *Calcarea carb.* excellent in promoting the secretion of milk. Dr. Gorham had obtained excellent results from the use of maltine in deficiency of milk. Dr. Waldo had seen prolapse of the funis several times, once the child was born alive, and in one instance the child was born with rigor mortis fully developed. Dr. Waldo was surprised that in over nine hundred cases Dr. Hasbrouck should have applied the forceps only twenty-three times. It had been his custom to resort to the forceps much more frequently. In a series of 393 cases he had applied the forceps 55 times. He had never seen any harm done by them, and thought their more frequent use would save much suffering and strength for the mothers and the lives of many children. He had entirely abandoned the use of arnica

after delivery. He found his patients did just as well as when he gave it. He thought physicians often were not sufficiently vigorous and persistent in their efforts at resuscitation of new born babes. Alternate warm and cold baths, artificial respiration, accompanied by blowing into the lungs of the child, vigorous slapping and rubbing of the spine and nitrite of amyl were the means to be employed. In flooding after delivery, he relied almost wholly upon vigorous external friction and compression of the uterus with one hand, and emptying it of clots with the other. He sits by his patient and holds the uterus contracted under his hand till he considers all danger of flooding past. He is especially watchful when the pulse is at or above one hundred, or irregular in its rhythm. He had never prescribed vaginal injections after confinement, believing from his reading and the experience of brother practitioners that they were more harmful than beneficial.

DR. MOFFAT thought it better to slit down the perineum than to allow it to rupture, as a clean cut would heal better than a lacerated one.

DR. G. L. BROWN thought the obstetrician should always have supervision of the patient during gestation, and he refuses to attend cases that have not previously reported to him and been under his observation. He considers the diet, exercise and dress of the patient of the utmost importance.

DR. E. S. COBURN has entirely abandoned the use of vaginal injections after labor. In one case, where a nurse, without his order had given such an injection, it had all been thrown into the uterus and retained, giving rise to alarming symptoms, which were relieved as soon as the water was withdrawn by dilating the cervix.

DRS. FAUST, BULL, C. E. WALKER, GORHAM and BROWN further discussed this subject.

DR. H. L. WALDO, Chairman of the Bureau of Clinical Medicine, presented a paper by Dr. D. B. WHITTIER, entitled "*Belladonna as a Prophylactic in Scarlet Fever.*" He considers that this drug has no prophylactic value in scarlet fever, which opinion he admitted to be in opposition to that of the great majority of the profession. He does not think the disease is conveyed by contagion in the manner usually supposed, but that its cause and origin are unknown.<sup>2</sup>

The President, Dr. H. C. Houghton, remarked that some of our members seemed to be abandoning the old truths which our brethren of the old school were just finding out. In his own experience, he had seen some very satisfactory results from the use of belladonna as a prophylactic.



DR. H. L. WALDO read a paper on drinking water as a vehicle for conveying the germs of disease. The water supply of Albany was alluded to, and also the sewerage systems of Cohoes with 20,000 people, Lansingburgh with 10,000, Waterford and Greek Island with as many more, West Troy with 15,000, and Troy with 70,000 people, all contaminating the water supply of Albany. Especial attention was given to the dangers residents of this city take with their daily bread and butter. Dr. Gorham of Albany came to the rescue, and said typhoid fever and those diseases whose origin is sometimes charged to impurities in drinking water are now almost unknown in the place except in isolated cases, and these were frequently chargeable to drinking water from wells. An out-of-town physician responded with the sentiment, "Unto the pure all things are pure," but failed to add the remainder of the verse, "but to them that are unbelieving nothing is pure." Dr. Hunting of Albany replied that typhoid fever does exist in that city; that we do not get the facts; that the responsibility of impure river water for the city's use rests with allopathic health officers.

At this point a motion was made that the sessions of the Society be hereafter held in New York, but it was as water spilled upon the ground—lost.

DR. LATTIMER spoke of the importance of properly locating wells, and mentioned a town where the introduction of pure water from without had greatly lessened the number of cases of fever.

DR. BROWN remarked that running water contaminated by sewage was not as bad as standing or well water, which had the same contamination. He also recommended boiling suspected water.

DR. J. L. MOFFAT said the subject was a very important one, and physicians should always be on the alert to use their influence and tell the truth, where wells or water-works were being constructed. He spoke of the system of subsidence reservoirs for purifying muddy water, which he had observed during his travels in China.

DR. WALDO exhibited a case of the O'Dwyer tubes and instruments for intubation of the larynx, and explained their use. He reported a case of laryngeal diphtheria in which they were used. He said that the introduction of these tubes led us to hope that we should be much more successful in treating laryngeal stenosis in the future than we had been in the past.

#### SECOND DAY.

The Society convened promptly at ten o'clock. Dr. F. Park Lewis of Buffalo, presented a contributed paper by Dr. Calvin, on "Foreign Bodies in the Eye," and also read one by himself on "Basedow's Disease."

DR. S. H. TALCOTT, Superintendent of the Middletown Lunatic Asylum, read a paper on the "Treatment of the Insane." He gave a brief history of cases, and emphasized the influence of Christian teaching upon this work. The medical treatment at Middletown is exclusively homœopathic, and the results are such as to give great encouragement; the percentage of cures being far above that of any other asylum in the country. Dr. Talcott mentioned the following remedies as those most frequently used in the treatment of the insane: Aconite, Arsenicum, Baptisia, Belladonna, Hyosciamus, Bryonia, Cantharis, Chamomilla, Cimicifuga, Ignatia, Natrum muriaticum, Pulsatilla, Stramonium, Sulphur, Veratrum album, Veratrum viride.

The following officers were elected:

*President.*—Dr. H. M. Paine, Albany.

*First Vice President.*—Dr. Wm. Tod Helmuth, New York.

*Second Vice President.*—Dr. J. M. Lee, Rochester.

*Third Vice President.*—Dr. G. E. Gorham, Albany.

*Secretary.*—Dr. H. M. Dayfoot, Rochester.

*Treasurer.*—Dr. E. S. Coburn, Troy.

*Censors.*—Northern District, Drs. A. W. Holden, John A. Pearsall, F. F. Laird; Southern District, Drs. F. E. Doughty, E. Hasbrouck, A. B. Norton; Middle District, Drs. M. O. Terry, C. E. Jones, F. L. Vincent; Western District, Drs. A. S. Couch, N. Osborne, E. H. Wolcott.

*Necrologist.*—Dr. A. W. Holden.

Recommended for the Regents' Degree, Drs. Wm. Tod Helmuth and H. C. Houghton.

It was decided to hold the semi-annual meeting in New York City, September 20th and 21st, and Drs. Helmuth, Beebe and Houghton were appointed a committee of arrangements for that meeting.

DR. H. M. PAINE, President elect, being called upon, thanked the Society for the honor conferred and made a felicitous speech, which was heartily cheered.

DR. BULL, of Buffalo, read a paper on the use of Schussler's Remedies, which was debated by Drs. G. M. Dillow and G. L. Brown. The latter said they should always be prescribed according to the law, "*a single remedy and a single dose.*"

The Bureau of Surgery, through Dr. J. M. Lee, reported four papers. Dr. M. O. Terry, in a paper on "Spinal Irritation," strongly advised the use of the cautery, as he had previously done before this Society.

A paper, entitled "A Consideration of the Diagnosis and Treatment of Wounds of the Femoral Artery," by Dr. L. L. Brainard, was read.



Dr. J. M. LEE presented a paper on "Ovariectomy," with reports of cases.

A resolution was adopted directing the Secretary to print in the forthcoming semi-annual Transactions the proceedings of the meetings, the President's Address, and only such papers as have not already appeared in medical journals.

During the progress of the meeting, the following papers were read by title, "Superfoetation," "Improved Forms of Graded Uterine Sounds," by H. M. Paine, M.D., "A Plea for High Dilutions," by S. Lilienthal, M.D., "The Treatment of the Sac in the Radical Operation for Hernia," by H. I. Ostrom, M.D., "Urethral Stricture," by N. M. Collins, M.D., "The Union of Tendons," by H. C. Frost, M.D., "Athetosis," by W. M. Butler, M.D., "A Case of Dysentery Cured by High Dilutions," by L. L. Danforth, M.D., "Hysteria as a Constitutional Disease," by S. Lilienthal, M.D.

After the usual vote of thanks to the retiring officers, and to the officials of the city of Albany, the Society adjourned.

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## Correspondence.

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### THE NEED OF AN INTERNATIONAL PHARMACOPŒIA.

LETTERS FROM MESSRS. WYBORN AND HEATH.

59 MOORGATE STREET, LONDON, Feb. 3, 1887.

EDITOR HAHNEMANNIAN MONTHLY—SIR:

The main question at issue between Mr. Tafel and myself on the above subject appears to be whether, or not, that which was good enough for our grandfathers is not good enough for ourselves—whether, in fact, the doubtful presence in some of our principal tinctures of *traces* of the active ingredients of the plants from which they are prepared should not satisfy us better than a representative preparation of such plants, containing all their active ingredients.

As you observe, this point, as well as others, will have to be decided by the profession who will do well to bear in mind that notwithstanding the successful results attained in former practice, occasionally there have been cases of failure in which the utmost care has been exercised in selecting the remedy, apparently clearly indicated, all the symptoms corresponding exactly to those given in the *materia medica*, yet *without* success.

Is it not probable that such failures, sometimes at least, arise from the absence of some ingredient from an imperfectly prepared tincture? Mr. Tafel says "The consistent pharmacist's first duty must ever be to reproduce as nearly as possible, the identical preparation (singular number observe) with which the provings were made." Exactly so! But let us see, for example, how far the tinctures of Belladonna (*Amer. H. Ph.*) represent those from which the provings recorded in the *Cyclopædia of Drug Pathogenesis* were obtained.

No. 1 group contains 99 symptoms from Hahnemann himself and "304 from authors"—No. 2. "975 symptoms from self (Hahnemann) and 13 others, and 475 from authors." Other provers used respectively the extract, alcoholic extract of whole plant, inspissated juice of leaves, tincture (whether Hahnemann's, Gruner's, or otherwise, is not stated), dried root, vapor of decoction of root, aqueous infusion and solution of extract, succus, and dilutions. Now, to represent in one class of tincture all the above forms of this drug, even omitting those used by "authors," is a difficult task, and could only be accomplished by a thorough exhaustion of the plant; and I therefore still contend that the expressed and strained juice recommended in the *Amer. H. Phar.*, is not an adequate substitute for them. Mr. Tafel writes "Why should the profession not continue to use tinctures from fresh plants, and their dilutions, as they have done with good success for many years? Why substitute triturations?" It was not my intention to suggest the substitution of the triturations for the fresh plant tinctures but that the latter should, in composition and drug strength, bear some relationship to the former.

Yours faithfully,

JOHN M. WYBORN.

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114 EBURY STREET, LONDON, Feb. 5th, 1887.

EDITOR HAHNEMANNIAN MONTHLY—DEAR SIR:

I have read the letters on this subject in the January number of the HAHNEMANNIAN MONTHLY with much interest, and should like to make a few remarks, not that I think the present plan of making tinctures needs much alteration, but I quite agree that all homœopathic preparations should be universally made in the same way, and this, as Mr. Tafel maintains, should be according to the plan given for those tinctures from which the *provings* were made. I quite agree also with Mr. Tafel that the juice of the plant represents entirely all the constituents of the plant. Mr. Wyborn's remark "*Why not extend this*



question further and ask: Since all material beings and things on our planet are composed of 70 or 80 elementary substances at most, what need have we for more than this number of remedies in our *materia medica*?" seems to me to be quite illogical. A mere tyro in chemistry knows that out of only four of the elements viz. carbon, hydrogen, oxygen and nitrogen, the whole of the vast range of the organic kingdom is built up, and that many of the compounds of these above named elements, which are isomeric, *i. e.*—have a similar percentage composition, are very different in their chemical deportment, and in their physiological action; moreover, the very trifling addition of such a simple compound as methyl to a poison like strychnia is capable of entirely altering the medicinal properties of the latter. How careful therefore should we be to preserve as nearly as possible the constituents of a plant in their natural condition. I believe that in drying, however carefully it is done, a great deal of the activity of the plant is driven off. Of this there can be no question, when it depends upon volatile constituents. Who, in making fresh plant tinctures, has not experienced the overpowering emanations of some bruised fresh plants, and who can say, (except in the case of some idiosyncrasy) that the dried plant affects him at all. It may be more satisfactory to one who wishes to make the tincture contain only its alkaloid, or more active resinous principles, to dry the plant and make a tincture of a definite strength—but I am afraid your London correspondent thinks too much of alkaloids. They are very necessary to be included, but not to the exclusion of other medicinal principles. What medical practitioner does not know that hæmorrhages over which quinine is powerless have yielded at once to tincture of cinchona bark (we should probably get a much better and more reliable tincture from the fresh bark in its green state). In the case of *Arum Triphyllum*, it is said to be useless if dried. Where tinctures are directed, as by Hahnemann, to be made from the juice, with an equal quantity of alcohol, it may perhaps answer equally well, if, after expressions of the juice the plant were treated with a portion of the alcohol, and allowed to stand for a time, then repressed, and the two expressions mixed. If any more activity remained in the plant than was contained in its watery part, the spirit would extract it. I do not agree with Mr. Tafel (if I understand him rightly) that this would make any difference to the working of the proving; it would only add to the power of the drug. Mr. Wyborn's plan of drying, I consider, *would be fatal to provings that have been made from fresh plants*, for many of the active ingredients that had produced symptoms would certainly be lost during the drying.

The "law of similars" is a perfect law, and it says the *nearest remedy*, not half the remedy must be used, any more than that half the symptoms only be taken into consideration, in fact, unless the whole constituents of a plant are included in the tincture, it is most difficult to work a case homœopathically. Take for example, *convallaria majalis*; a tincture from the flowers alone, is different in some respects from a tincture of the root alone. For instance, a doctor finding that his patient has a prominent symptom of a certain drug, in fact, "a key note" can in many instances at once, (as it is well known) turn to the proving of that drug and ask his patient if he has not numbers of the symptoms of that drug which he may read out to him, and the answer will be in the affirmative, showing that sets of symptoms often run in grooves, so to speak. I have often done so. That "key note" may reside in some volatile principle which is lost in drying, or may be contained in some other part of the plant, but if a tincture of convallaria, or any other drug of which a part of the plant (e. g. flowers only is used), gives a "key note" and some of the patient's symptoms are produced by the root only, the physician would probably think the symptoms did not sufficiently agree, but if the whole plant were used, they would agree, and that drug would cure, because all the patient's symptoms were *grouped* under it.

We know that in plants there are potent powers that chemistry has no knowledge of, and *probably* in making dilutions and higher powers of a drug, their virtue depends to a large extent on these. We are far too material in our ideas, longing for something that we can see and handle. The effects of provings obtained from crude drugs are not to be compared with the misery caused by the same medicine potentized. This is not mere assertion, it is capable of proof by any one. Respecting the insolubility of all the constituents of a plant in water, say distilled water, I believe the juice of a plant is probably charged with certain powers of amalgamating the different ingredients, which distilled waters will not do. If the juice be expressed from the fresh plant, and evaporated to dryness, the addition of plain water in place of the quantity lost will not dissolve the residue, *showing that an alteration has taken place* but the substances which form the residue, existed in a state of solution in the plant.

I am Dear Sir, yours truly,

ALFRED HEATH, F. S. S.



## Editorial.

### THE HOMŒOPATHIC LEAGUE AND ITS WORK.

The homœopathic propaganda in England is being conducted with a discretion and an energy which promise most valuable results. The "League Tracts," of which eleven have thus far been issued by the organization, have presented to the people and profession of Great Britain an array of facts and arguments which, in a healthy and normal condition of sentiment, must have aroused intense interest and elicited the widest and most earnest discussion. It unfortunately happens, however, that the medical trade-union of that country is far more potent for evil than the one with which our own country is cursed. Here it is not difficult for homœopathy to obtain public attention, whether the "profession" will bear or forbear, and the newspaper press of the United States is found almost invariably on the side of free discussion and liberty of opinion. In England, the case is different. There the majority vote of a medical society is received, even by influential newspapers, with an air of abject reverence. Only a few of them dare to call in question the legitimacy and authority of the medical oligarchy.

It is probable that this abject subservience of English newspapers constitutes one of the chief obstacles to English medical progress. This all-powerful instrumentality which should desire nothing but truth, and fear nothing but chains, must be held largely responsible for that ignorance of the principles and merits of homœopathy among the people, of which "the League" has abundant reason to complain.

The helpless and slavish attitude of the newspapers has more than its counterpart in the unanimous dishonesty of

the allopathic journals. We do not know of a solitary journal of that "sect" in all England, which is not fully as willing to print a falsehood about homœopathy, as to publish a truth about anything else. Not one of these journals, so far as we are acquainted with them, can be depended upon to publish a line in defence of the truth, or of professional honor, or of literary rights and courtesies, or even of scientific facts, when such defence is to be made in the interests of homœopathy and its practitioners. Plagiarisms from homœopathic literature, slanders of homœopathic physicians, misrepresentations of homœopathic belief and practice, suppression of facts and statistics of homœopathic treatment, these and even more grave misdemeanors are connived at by all of them, and justice to homœopathic interests cannot be obtained through the pages of any one of them.

The Homœopathic League "Tracts" appear to be intended to supplement these deficiencies of the newspapers, and to expose and, if possible, to break up this allopathic "conspiracy of silence." How widely these tracts are being disseminated we are not informed, but their circulation, we believe, is very large. Some of these tracts make intensely interesting reading, even to a physician more or less acquainted with the facts. The most recently issued of them—number 11—convicts the allopathic sect of deliberately conspiring to prevent the results of the comparative tests of homœopathic and allopathic treatment from reaching the public. And in several other ways it exposes the desperate attempts of that sect to keep the people in ignorance of the superiority of the modern system of ther-

apeutics. If the League persists in its commendable work, the desired result, however it may be delayed, is sure to be attained in time. Public familiarity with the facts promulgated by the organization will, at length, find its echo in newspaper sentiment, and the medical "bosses" who use their official positions to repress and prevent progress in therapeutic science will be forced to surrender their monopoly, just as they have been in this country.

But this is not the only good result likely to flow from the operations of the League. The work must serve to bring together into a more solid and compact body, the entire homœopathic profession of England. It will "strengthen the weak hands and confirm the feeble knees." Its attitude of determined antagonism to professional faithlessness and intrigue will gradually impel all practitioners to take sides for or against homœopathy. The bolder, the more energetic, the more aggressive the progressives become, the more numerous will be their adherents, both lay and professional. Brighter and better times are coming for the medical profession of Great Britain, and the honor will be largely due to the Homœopathic League.

#### A NEW HOMŒOPATHIC STUDY.

In the February number of the *North American Journal of Homœopathy*, appears an interesting and significant paper entitled "A New Study of Arsenicum Album," by A. W. Woodward, M. D., of Chicago, Ill. The author begins by citing numerous records of the effects, or rather the phenomena, of arsenical poisoning, to show that "there is an orderly progression of phenomena involving the different organs one after another, and this is so uniform when the several provings are compared, that we are justified in concluding there is a law governing this evolution of drug effects,

which points in this manner to the individuality of this drug." This "orderly progression" of effects, he shows, involves, first and chiefly, the digestive organs; second, the cutaneous or sensory; third, the spinal or motor; fourth, the respiratory or circulatory, and fifth, the encephalic. In other words, the action of the drug exhibits and represents "a particular combination of organic derangements." Moreover, as the drug influence passes from one organ or apparatus to another, "the old symptoms continually return and seem to alternate," etc.

Dr. Woodward next proceeds to cite from reports already published, numerous cures, in which this totality of derangements existed. These cases include gastralgia, acute gastritis, cholera infantum, marasmus, psoriasis guttata, ulcers, syncope, bronchitis, hydrothorax, dropsy, "heart disease," intermittent fevers, prosopalgia, inflammatory rheumatism, and insanity of malarial origin;—a diversified category, but all the cases presenting the indications suggested above. "Thus we conclude" says the writer, "when in any disease, whether acute or chronic, we find, besides the local affection, predominant symptoms of the stomach, *with* cutaneous, *and* spinal, *and* respiratory, *and* cerebral phenomena attending in this relative degree and severity, we know *arsenic* is the specific remedy."

This study of Arsenicum, published in 1887, is denominated "new." And Homœopathy is nearly a hundred years old. If there is any good reason why these elements of similarity between drug-action and disease action, as brought forward by Dr. Woodward, should continue to be repudiated in the search for the similimum, as they have been heretofore, we should like to be informed of it. If Homœopathy is to retain her present position in advance of her allopathic opponent, she *must*



provide herself, ere long, with a more reliable collection and a more scientific arrangement of drug-symptoms than she now possesses. Until that is accomplished, her progress must be slow, and progressive allopathy must, and will, soon overtake and outstrip her.

#### THE DECLINE AND FALL OF THE ANTIPIRETTICS.

The allopathic journals are already beginning to note the decline in favor, which is being manifested by the profession towards the antipyretics. They do succeed in reducing the patient's temperature, but the patient dies just about as speedily and certainly as though antipyretics were a thing unknown.

Our allopathic brethren are evidently learning from sad experience,—what any homœopathist could have told them—that high temperature is *not* fever, but is only one of the numerous signs or symptoms of fever, and that to cure a fever the drug must cover the totality, and not merely a single one of the symptoms.

The antipyretic doctrine as recently understood, is but a few years old. It "went up like a rocket;" it is "coming down like a stick." The active participants are already sickening of the display, and begin to demand surcease. The recent antipyretic sentiment is now an antipyrotechnic sentiment. The show is about over. Let the band play a short selection, and then we will proceed to the next item on the programme. How nice it is to belong to a scientific profession; to change one's opinion about drugs and their uses, about diseases and their treatment, as often as one changes his overcoat. And isn't it dreadful to think of those absurd homœopathists, whose principles last them a life-time?

#### THE TEMPERANCE QUESTION IN MEDICAL JOURNALISM.

A subscriber, "A.C.R.," writes to the effect that he proposes to cut off from his list of medical journals, those whose temperance utterances are of "too low a type" for him. He says, "in times past I have seen little or nothing of the alcohol question in the *HAHNEMANNIAN*. May I hope to see a little more in future numbers? If so, please tell me," etc., etc.

In answering our subscriber we have to say that the *HAHNEMANNIAN* is intemperately homœopathic, and homœopathically intemperate. That is, it takes nothing stronger than "Roman punch." Indeed, the business editor doesn't take anything, except the subscriptions, "three dollars per annum in advance."

We have had the honor—and we consider it our greatest honor—to be called "a temperance fanatic." We have been so designated simply because we have denied the legal and moral right of a government of free people to debauch and ruin its citizens with alcohol, or with anything else, and then to compel industrious and sober citizens to pay the ruined man's debts and to support his pauperized family; and because we believe that it does not fall within the province of any government to "regulate" any evil or criminal practice, except to regulate it out of existence. We deny that any American government was ever created for any such purpose, and hold that the exercise of such a power is an act of usurpation.

But what has this to do with the conduct of a medical journal? The toxic properties of alcohol, and the ethical duties of the medical profession to guard the public against its evil effects, yea, even the methods by which physicians may perform these ethical duties, are proper subjects for the pages of a medical journal and neither the *HAH-*

NEMANNIAN nor any other medical periodical that we know of, excludes the discussion of such topics. If they publish too little on these subjects, the blame rests as much upon their contributors as upon their editors.

Candidly, we think our medical journals, the HAHNEMANNIAN included, are doing nearly their whole duty upon the subject of alcoholic intemperance, so far as relates to the effects of the drug upon its victim. We occasionally see a medical journal step out of its way to encourage people in violating any law that would restrict intemperance. But these crimes on the part of medical journals are so comparatively rare as to be scarcely worth naming beside the multitude of similar offenses that find expression in our daily and weekly newspapers.

We don't know exactly how our subscriber would have the alcohol question discussed in our pages. We consider that a medical journal has a certain well-defined field in which to labor for the public good, and that a part of the "alcohol question," but not all of it, falls within that field.

We are a subscriber to *The Voice*, the well-known temperance and prohibition newspaper published in New York. What would "A.C.R." think of us were we to demand that the aforesaid paper should advocate the doctrines of homœopathy, as the condition upon which we would continue our subscription?

#### THE EXAMINING BOARD VERSUS THE COLLEGE FACULTY.

The superiority of the State Examining Board over the College Faculty is illustrated with a vengeance in the proceedings of the State Board of Virginia. In the two years past, says the *Southern Clinic*, "we find that out of 29 applicants from the University of Virginia and 19 from the Medical College of Virginia,

not a single applicant has failed to pass the required examination. While, on the other hand, out of 24 applicants from the College of Physicians and Surgeons of Baltimore, 8 failed; out of 16 from the University of Maryland, 5 failed; out of 7 from the Jefferson Medical College of Philadelphia, 3 failed; and out of 3 from the Howard University of Washington, D. C. (colored physicians) all failed."

In Virginia, as in other States, it has been urged that a State Examining Board is not under the temptation that besets the College Faculty, to pass unworthy and incompetent applicants, or to reject a candidate from personal motives. Here we have a result showing just how much such an argument is worth. The Virginia Board is interested in building up the credit of Virginia schools, and it looks as if in the last two years it has made very remarkable progress in that direction.

No sensible physician, looking at the above statistics, will, for one moment, believe that these State examinations were honest. It is fortunate, however, that the Board has made its venality so palpable that none can doubt its intentions. It will do a vast amount of good in preventing the establishment of similar boards in other States, and, perhaps, in securing the abolition of some boards already in existence.

#### AN UNEXPECTED COMPLIMENT.

The New York *Medical Record*, one of our esteemed allopathic exchanges, says, "We have read with great profit the last issue of the HAHNEMANNIAN MONTHLY."

We are surprised, not that the above named journal is profited by reading the HAHNEMANNIAN, but that it has the moral courage to say so. Indeed we have long been convinced that *all* allopathic physicians and all homœopathic



physicians too, for that matter, could "read it with great profit" and we have for years been urging them to do so. Of course, a compliment from an educated homœopathic physician is worth more than one from an allopathic source can be, yet we are delighted to know that the *Record* is learning to recognize a good homœopathic journal on sight.

#### DATE OF NEXT INSTITUTE MEETING.

The Secretary of the American Institute of Homœopathy, Dr. J. C. Burgher, announces that the Executive Committee has fixed the time for holding the next meeting of the Institute, for June 27th to July 1st inclusive.

### Notes and Comments.

England has 22,316 physicians.

Gray's Anatomy has been published in Chinese.

Prof. A. E. Small's name graces nearly 2000 medical diplomas.

The atmosphere over mid-ocean is free from putrefactive germs.

There are four cases of leprosy in Minnesota, as against six in 1884.

Japan, not to be outdone, will also have a training-school for nurses.

There were 154,373 cases of cholera in Japan during 1886, and 101,695 were fatal.

Philadelphia consumes, or thinks she does, about 80,000,000 quarts of milk per annum.

Over a thousand physicians were assembled at a medical congress recently held in Moscow.

Billroth, they say, "has been elevated to the peerage." Not much of an elevation we imagine.

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The State of New York has about 6000 allopathic 1500 homœopathic, and 600 eclectic physicians.

Ophthalmia neonatorum is the cause of ten per cent. of the cases of blindness in the United States.

Dr. D. S. Smith succeeds the late Dr. A. E. Small as president of the Hahnemann College and Hospital of Chicago.

The *Annals of Surgery* reports a case in which the urachus remained pervious, and the urine escaped at the umbilicus.

Dr. Fordyce Barker opposes the use of post-partum antiseptic injections, except upon the appearance of special indications.

Dr. Phil Porter, editor of the *Homœopathic Journal of Obstetrics*, has been made a Fellow of the British Gynecological Society.

"A penn'orth of damnation flea-powder" was demanded of a London druggist who straightway supplied Dalmatian insect-powder.

The Government cinchona plantations in Bengal contain upwards of five million trees, yielding about 200,000 pounds of dry bark annually.

Millspaugh's work on American Medicinal plants is nearing its completion. The *American Journal of Pharmacy* says of it "The plates are well executed."

Out of 873 male syphilitics, Fournier found that 625 had contracted the disease directly under the operation of the silly and abominable license system.

"It is curious that comparatively very small doses act better than large doses, but experience confirms the fact."—*Pacific Medical and Surgical Journal*.—Chestnut!

Two seamen, en route from Calcutta to England recently, were attacked—one of them fatally—with scurvy, due to the ship's dietary not being sufficiently varied.

It is estimated by the *Pacific Record of Medicine and Pharmacy*, that California consumes over five tons of "medicine" daily; most of it being quack-stuff.

Beri-Beri, or neuritis multiplex endemica, attacked 5388 persons in the Atchin Colony (Dutch Indies) during 1885, of whom 235 died and 854 were incapacitated for duty. Its most characteristic symptoms are dropsy and paralysis.

Ninety per cent. of sterile women, says *Practice*, are wives of men who have had gonorrhœa either before or after marriage. Considering the numerous other causes known to produce sterility, the above statement seems scarcely credible.

Our question of last month—"Why does the San Francisco College hold its sessions during the summer season?" is answered by Dr. Lilienthal, who says, "the summer months at San Francisco are cool and pleasant; and one can hardly venture out without a spring overcoat."

The Indiana Insane Asylum has been investigated by a committee of the Legislature, who discovered that "maggoty" butter was being used in the institution and that hogs from a pen in which hog-cholera was prevailing had been slaughtered for the use of the inmates.

The London Homœopathic Hospital has eighty beds, and last year its outpatients numbered 8,844. Mr. Tait, of Liverpool, is building a homœopathic hospital, in that city, to contain fifty beds. Two dispensaries in the same city furnish homœopathic treatment to thousands of the poorer population.

"Congress is asked to give \$45,000 for the International Medical Congress and it ought to do it."—*N. Y. Med. Record*. Perhaps. But what if the Homœopathic Congress in 1891 should ask for a similar amount? By-the-way, whose money is it that Congress is thus asked to give to a sectarian body?

Hereafter all assistant surgeons at the expiration of twenty years of army service, are to be admitted to an examination for promotion to the grade of surgeon, with the rank of Major. This information, however, does not concern the medical profession of the United States, but only one sect of it.

The French *Journal of Hygiene* estimates the probabilities of life for moderate drinkers and total abstainers as follows: A moderate drinker at twenty years of age may expect to live about

fifteen years; at thirty, twelve years; at forty, ten years; at fifty, eight years. The hope of a total abstainer is, at twenty years, forty years of life; at thirty, about thirty-six years; at forty, about twenty-eight years; at fifty, twenty-one years; at sixty, fifteen years.

The custom of interleaving the pages of medical journals with advertisements of proprietary medicines, has been the subject of more than one unfavorable criticism in the pages of the *HAHNEMANNIAN*. Recently we observe that another step in the degradation of medical journalism has been taken, and that advertisements are being printed on the same leaf with important scientific matters. One of our most valued allopathic contemporaries thus prints, in its regular page, an advertisement which the *HAHNEMANNIAN* has recently excluded from between its covers. We do not believe it pays any medical journal thus to subsidize its pages.

Our allopathic friend, the *New York Medical Record* of February 5th, mentions that a professor in a homœopathic college "is reported to have purchased another hypodermic syringe recently," and then adds: "This is not what Hahnemann taught; it is not homœopathic."

We do not know whether the *Record* means that the "syringe" is not homœopathic, or that the "purchase" was not, or that the "report" was not. We do not really suppose there was much homœopathy about it. But we can show the *Record* something that is homœopathic, namely: The recommendation of "Pulsavilla in Acute Orchitis and Epididymitis," which appears on the very next page of that same allopathic *Medical Record*.

**MEDICAL ADVICE BY TELEPHONE.**—*Husband*—My wife has a severe pain in the back of her neck and complains of a sort of sourness in the stomach.

*Physician*—She has malarial colic.

*Husband*—What shall I do for her?

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

*Machinist to husband*—I think she is covered with scales inside, about an inch thick. Let her cool down during the night, and before she fires up in the morning, take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug and wash her out.

*Husband* has no further need of that doctor.



## New Publications.

**A MANUAL OF MICROSCOPICAL TECHNOLOGY;** By Dr. Carl Friedländer, lecturer on Pathology in the University of Berlin. Translated by Stephen Yates Howell, M. D., of Buffalo, N. Y. New York and London, G. P. Putnam's Sons, 1885.

It is not often that a book is of such value that two great publishing houses present translations of it to the public at about the same time, as was the case with Dr. Friedländer's little volume now under review. While the work is a small one, it describes exhaustively the methods employed in microscopical investigations of a diagnostic or pathological nature. Especial attention is given to bacteriological investigations. The American translator has further elucidated the text-book by footnotes which add greatly to the value of the work.

**HAND-BOOK OF PRACTICAL MEDICINE;** by Dr. Hermann Eichhorst. Vol. iii., Diseases of the nerves, muscles and skin; vol. iv., Diseases of the Blood and Nutrition and Infectious Diseases. Being vols. x and xii of Wood's Library for 1886. Illustrated. New York, Wm. Wood & Co.

These two volumes are the concluding ones of a series of four on the practice of medicine by the celebrated Zurich professor. The subjects contained within their pages are treated elaborately and yet concisely, making the work especially valuable as one of reference. The author's style is clear throughout. Eichhorst's Hand-book of Practical Medicine forms a valuable feature of Wood's Library for 1886, and that is saying a great deal for we believe the 1886 series to be the most valuable of any hitherto published.

**A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES.** Embracing the entire Range of Scientific and Practical Medicine and Allied Science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by Albert H. Buck, M.D., New York City. Volume IV. Bound in cloth, sheep, and half morocco, prices, \$6.00, \$7.00, and \$8.00 per vol. New York, William Wood & Company. Pp. 816.

This volume of the Hand-book includes the letters Ich. to Nus.; it maintains the high standard of the preceding volumes. Many well-known names appear among those of the contributors. The following subjects are considered at some length: Inflammation, insanity, intestines, kidneys, labor, larynx, lithotripsy, liver, lungs, malaria, massage, micro-organisms, microscopy. The illustrations are numerous and excellent, and the colored plates of carcinoma and sarcoma of the larynx, and test tube cultures, are finely executed.

The work is being published in the usual fine style of this firm, and is being issued with marked promptness.

**OXYGEN IN THERAPEUTICS.** By C. E. Ehinger, M.D., Chicago. W. A. Chaterton & Co. Pp. 149. Price \$1.00.

During the year 1886 the author contributed a series of articles on oxygen treatment to the "Medical Current" of Chicago. These, with some changes, and many additions, constitute the little volume, entitled "Oxygen in Therapeutics."

A brief sketch of the history of oxygen with its properties, uses, distribution and modes of preparation is given.

The "compound oxygen," so extremely advertised, is proved to be simply laughing gas.

The simplest method of obtaining oxygen for "home treatment" is subjecting the peroxide of hydrogen ( $H_2O_2$ ) to heat, which will give off 475 volumes of oxygen gas.

The author has obtained the best results from a commingling of oxygen gas and nitrous oxide (laughing gas) and air; he quotes clinical cases in proof of the claims he makes for this mixture.

B. W. J.

**A TEXT-BOOK ON SURGERY.** By John A. Wyeth, M. D., Professor of Surgery in the New York Polyclinic; Surgeon to Mount Sinai Hospital, etc., etc. New York: D. Appleton & Co. Pp. 765. Price, \$8.00.

This volume treats clearly and concisely of general, operative and mechanical surgery, and is a work pre-eminently suited to the needs of the student. Its typography and illustrations are excellent.

The first four chapters are devoted to the consideration of the materials employed in surgical operations. The author speaks of the antiseptic practice of to-day as embodying the great principles of cleanliness and carefulness in surgery. He states that "Koch has demonstrated that, as a germ-killer, corrosive sublimate excels all known agents."

The chapter on *Amputations* contains plates of transverse sections of the extremities giving the bones, muscles and vessels divided, the latter being represented in colors.

Three chapters are devoted to the surgical diseases and surgery of the lymphatic vessels, veins and arteries. The chapter on *Ligation of the Arteries* is beautifully illustrated with colored plates.

Regional surgery is thoroughly considered, plastic surgery of the face receives very special attention. The description and illustrations of the various methods of performing rhinoplasty and the operations for the correction of hare-lip are particularly good; a number of pages are devoted to these subjects.

Under the heading of the *Abdomen* the various operations upon the digestive organs are described, and abdominal section in peritonitis is given as an established operation.

Surgery of the pelvic organs is quite comprehensively treated of in two chapters.

Deformities claim a chapter containing many illustrations.

The last chapter is devoted to the consideration of tumors. The author defines malignancy in a tumor as meaning "its tendency to become multiple by metastasis; the tendency of the elements of which it is composed to travel along the lymph or blood channels, and, thus disseminate, to reproduce the parent tumor; or its tendency to invade and destroy the tissue in its vicinity or to recur in loco after extirpation."

**DISEASES OF WOMEN. A HAND-BOOK FOR PHYSICIANS AND STUDENTS;** By Dr. F. Winkle, Prof. of Gynecology, and Director of the Royal University Clinic for Women in Munich.

Authorized Translation by J. H. Williamson, M. D., under the supervision and with an introduction by Theophilus Parvin, M. D.,

Prof. of Obstetrics and Diseases of Women and Children in Jefferson Medical College, Philadelphia. P. Blakiston, Son & Co. Pp. 663. Price \$3.00.

This book is one of a new series of manuals for students published by Messrs. P. Blakiston, Son & Co. The work appeared a year ago in Leipsic; its author, Dr Winkel, is a recognized authority upon gynecology and obstetrics among European teachers and a liberal contributor to the literature of these subjects.

The work is well written and treats of diseases of the pelvic organs not mentioned in English text-books; it devotes considerable attention to the pathological anatomy of the diseases described. The chapters upon the diseases of the mammæ are excellent.

The diseases of each organ are classified in a manner which greatly facilitates the study.

The author treats of later operative procedures in the spirit of conservatism that makes his teachings the more valuable on account of the tendency of running to extremes in this direction. In his introduction he says: "We are indebted to the American, Marion Sims, more than to anyone else, for a large part of our knowledge of, and the progress in, the treatment of diseases of women."

**THE STATE AND THE MEDICAL PROFESSION.** A discussion of the principles that should govern Medical Legislation in the United States. By Jabez P. Dake, A. M., M. D., Nashville, Tenn., 1887.

This 22 page pamphlet contains the address delivered by Dr. Dake before the Southern Homœopathic Medical Association in New Orleans. Dr. Dake has on numerous occasions expressed himself very emphatically upon the "licensing-board legislation" of recent years in the several States of this Union, and herein he speaks with even more than his usual logical force in condemnation of the whole business. The so-called "uniform basis of qualification" so earnestly sought by the friends of these license members he shows to be a delusion, inasmuch as the laws thus far enacted in the different States are themselves far from being "uni-



form" in their requirements. The arguments in the address we conceive to be practically unanswerable.

**THE PHYSICIAN'S MANUAL OF SIMPLE CHEMICAL TESTS.** Part I, Poisons. Part II, Constituents of Urine. By Clifford Mitchell, A.B. (Harvard) M.D., etc. Chicago, Gale & Blocki, 1886.

These two tiny pamphlets, contain more useful information to the physician desirous of understanding and applying the chemistry of poisons and urinalysis, than any other work of five or ten times their size that we know of. The especially valuable feature of Part II is, that it combines the quantitative and qualitative analysis of urine with the clinical significance of the results obtained by chemical investigation.

## Gleanings.

### Lead Poisoning, With Unusual Symptoms.

Dr. Francis X. Dercum reports the case of a maiden lady, aged forty, who had always enjoyed good health until two years ago, since which time, she complained of a gradual and increasing loss of strength. She was very nervous and suffered markedly from insomnia. She had also a constant itching of the skin, which at night became almost intolerable. At various places about the face and neck and under the arms, small patches of eczema existed. Her weakness was extreme. She also complained of intense backache and the spine was very sensitive to pressure. The knee-jerk was increased. She had occasional slight cramp in the flexor muscles of the right forearm. There was a history of indigestion with constipation and irregularly occurring pain or cramp in the abdomen. There was a faint blue line on the gums near one of the lower canines. An examination of the urine revealed the presence of lead in large quantities. Treatment directed to the elimination of lead from the system, resulted in a perfect cure. —*Medical News*, Jan. 1, 1887

### Abscess of the Brain Successfully Treated by Trephining and Drainage.

A man aged nineteen years who had had a discharge from the right ear for some time was admitted to the Uni-

versity College Hospital, London, suffering from aching pain behind and around the affected ear. His temperature was 105°. There were no signs of ocular disturbance except a double optic neuritis, slight but unequivocal. For two or three days, the temperature fluctuated from 96.2° to 101.8°. The ear was examined by Mr. Arthur E. Barker who found a large perforation in the membrana tympani in the anterior and upper segment; the middle ear was found to contain a moderate amount of stiff creamy feetid debris. There was no swelling in the mastoid or temporal regions and only a little tenderness. An injection of warm solution of sulphate of quinine was ordered with a dressing of iodoform. This was on September 20, 1886; the optic neuritis continued and increased in degree. On the 25th, the patient became more dull and had a severe attack of vomiting without nausea. His pupils became unequal, the right being more contracted and sluggish than the left. On the 28th, Mr. Barker decided to open up the mastoid antrum and middle ear, search for matter in the latter, and wash it out and drain if present. This was done, and the next day the patient felt decidedly better; the inequality of the pupils was less evident. The optic neuritis however, increased steadily. On October 3d, the patient was drowsier and had been slightly delirious during the night; he vomited a quantity of very offensive matter. During the next two days he became more drowsy. While Mr. Barker was syringing out the middle ear, there was well marked nystagmus to the left in both eyes, which ceased immediately after the injection was discontinued. In the evening, the temperature rose to 105° and the patient had a rigor. Dr. Gowers considering that the rigor and the intense optic neuritis taken in conjunction with the almost negative result of the previous exploration constituted evidence of the existence of a cerebral abscess asked Mr. Barker to trephine and search for one in the temporo-sphenoidal lobe. This was done the same evening. A spot was marked for the pin of the trephine just an inch and a quarter behind and an inch and a quarter above the center of the meatus. But before opening the skull here, the foramen for the mastoid vein was specially

examined and found normal. When the disc of bone had been cut and cautiously elevated, the dura-mater was found to be quite normal. That membrane was then divided and turned back, when the surface of the brain was seen to be unaffected. Mr. Barker then thrust a hollow aspirator needle into the temporo-sphenoidal lobe in a direction inwards, forwards and downwards. This was done slowly, and when the point had reached half an inch inwards, thick yellow intensely fetid pus escaped. When the needle was withdrawn, a sinus forceps was at once slipped into the opening in the cortex and was used to dilate it. To provide for thorough drainage, a small sized Volckmann's spoon was introduced into the cavity and the cortex scraped away to the extent of the opening in the dura mater. The whole area was then washed and dusted over with iodoform and a rubber drainage tube about two inches long, also dusted over with iodoform was placed with about an inch of its length within the abscess. Improvement in all the symptoms followed the operation. Two weeks after the operation, the drainage tube was left out of the abscess cavity with no untoward effect. On December 4, the patient reported practically well, though a slight degree of optic neuritis still remained.—*British Medical Journal*, Dec. 11, 1886.

#### A Simple Test for Arsenic in Wall Paper.

A simple and easily applied test for arsenic in wall paper has been devised by Mr. F. F. Grensted. No apparatus is needed beyond an ordinary gas-jet which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame, a grey coloration, due to arsenic will be seen in the same. The paper is burned a little, and the fumes that are given off will be found to have a strong garlic like odor, due to the vapor of arsenic acid. Take the paper away from the flame, and look at the charred end—the carbon will be colored a bronzed-red, this is copper reduced by the carbon; being now away from the flame

in a fine state of division, the copper is slightly oxidized by the air, and on placing the charred end a second time, not too far into the flame, the flame will now be colored green by the copper. By this simple means it is possible to form an opinion without apparatus and without leaving the room as to whether any wall paper contains arsenic for copper arseniate is commonly used in coloring wall papers.—*Brit. Med. Journ.*, Dec. 11, 1886.

#### Dulcamara in Diseases of the Ear.

Dr. W. P. Fowler finds dulcamara to be a valuable remedy in catarrhal conditions of the ear, Eustachian tube and pharynx. It is especially called for in cold, damp, foggy, weather. It is useful in both subacute and chronic cases. It not only serves to remove the ill effects of damp, cold weather, but it acts as a prophylactic, preventing the recurrence of colds and thus giving other remedies an opportunity to complete the cure. In some cases of subacute catarrh where dulcamara is indicated, there is slight transient pain in and around the ear. It is usually of a shooting or twinging character and is aggravated by moving the jaw. Not infrequently, the membrana tympani is somewhat congested, dull and depressed and the Eustachian tubes often closed by swelling of mucous membrane and accumulation of mucus. The guiding symptom in the selection of the remedy is the extreme sensitiveness of the patient to a cold, damp atmosphere. The skin of the dulcamara patient is usually dry and inactive.—*Trans. N. Y. State Hom. Med. Soc.*, 1886.

#### Division of Cellular Elements in Tumors.

At a recent meeting of the Academy of Medicine, M. Marey read a note from M. Cornie, relating to a new method of segmentation he has recently observed in the epithelial cells of epithelioma. In sections colored by saffronine hæmatoxylin, a large number of nuclei are seen in which the chromatic filament is highly colored, and represents the form of a star, with seed-like bodies of chromatic properties. Some of these nuclei are colossal, and present a central disk, and the filaments divide later on: it is the beginning of kariakinesis. When the filament of the nucleus is colored, it presents a trilobu-



lar aspect; this is the first change attending the phenomenon of division, which results in the formation of three new cells. In the second period, a further change takes place, and three nuclear disks are seen in a single nucleus. Finally, complete evolution is achieved and the cell divides into three new cells.—*Phil. Med. Times*, Nov. 27, 1886.

#### To Remove Stains of Iodine From the Skin.

The sulphide of sodium, or sodium sulph-hydrate, in a ten or twenty per cent. watery solution, applied upon a compress will remove the stain of iodine.—*Phil. Med. Times*, Dec. 11, 1886.

#### Treatment of Deafness.

In a paper read before the British Homœopathic Society, Dr. Robt. T. Cooper referred to the use of the Politzer, or air-bag inflation as being used in the treatment of all forms of deafness. This practice he condemned as being unscientific. The different varieties of aural disease should be carefully differentiated. Much is to be gained for general medicine by a careful study of ear disease for the latter may accompany and become part of the chronic diseases of every part of the body. The first variety of deafness of which Dr. Cooper treats is obstructed hearing, which is most frequently the result of Eustachian and meatal impactions. The former if of recent origin can be easily and effectively dispersed by the Politzer bag, and the latter by the syringe. The author next took up the subject of nervous deafness. He related a case of deafness occurring in a lady and due in all probability to a sudden shock overpowering the functions of the ear. The deafness, however, lasted but a few hours. He also related the case of a little miss aged seven and a-half years who had been troubled with pain in the left ear for two or three weeks, supposed to have been caused by a decayed tooth which was therefore extracted. The ear had discharged for the past few days. About two or three weeks before, a bit of mud flew up and struck somewhat forcibly against her ear. It pained her that evening and was poulticed. This brought on discharge from the ear but it failed to lessen the pain. The watch was inaudible except on contact. On

using gentle stimulation by acupuncture to the side of the neck and without any attempt to inflate the tubes, the hearing after the lapse of three minutes shot up from C. to about 30 inches. The case was therefore one of nervous shock affecting the ear and proved to be readily removable upon stimulation of the sympathetic ganglia in the neck. For mild forms of nervous deafness or where the symptoms have not lasted any length of time and where the patient is otherwise in a fair state of health *Gelsemium*<sup>3</sup> is a most efficient remedy. In advanced cases, where patients have suffered from prolonged mental distress, continuous or paroxysmal, and where the health is much broken down, *Magnesia carb*<sup>200</sup> is a valuable remedy. The symptoms that indicate it are: fits of absolute powerlessness on hearing unpleasant news, sudden seizures of deafness and of vertigo or tinnitus, local numbnesses or paralytic feelings increased by bad news; the patient cries easily, complains of pain, often numbness, on the top of the head; the left ear is worse and a tendency to faint at the monthly illness is very marked; patients are in general dark-haired. When there is any evidence of febrile disturbance and of vascular change, magnesia has no influence whatever. The deafness which results from injury to the head is best met by high dilutions of *Arnica*. In vascular deafness associated with a chronic eczema of the membrana tympani *Mezereum* is almost a specific. Dr. Cooper uses *Manganum* when there is a knobbed and thickened appearance of the malleus handle, with an irregular and pitted surface of the membrane, especially if the meatus looks moist and dirty, and if it is obstructed by dark, black-looking wax; these appearances would of course correspond to that of chronic eczema giving rise to a chronic periostitis of the adjoining parts. Other indications for manganum are: pains concentrate in the ears from other parts, and severe indigestion, with heart-burn, anorexia and umbilical colic, prevails.—*Monthly Homœopathic Review*, December, 1886.

#### Tapping the Pericardium In Pericarditis.

Dr. Grainger Stewart gives the following indications for tapping the peri-

cardium: 1. It should be tried whenever life is imperilled by the copiousness of the effusion. 2. It should be tried even if the pericarditis be not itself dangerous in any case of pericardial effusion in which the pulse threatens to fail—whether it be due to inflammatory or degenerative changes in the cardiac muscles or general debility from severe or prolonged disease.

Dr. Stewart's rules for operative procedure are as follows: 1. Exploratory puncture with a fine needle where there is absolute dullness and the least likelihood of injuring the heart. 2. If serous fluid be found, the fine needle of the aspirator should be introduced at the same point and the fluid drawn off. 3. If purulent fluid be found, either the aspirator or what is better, a free incision should be resorted to and the pus evacuated. 4. As to the amount of fluid to be withdrawn, authorities differ. If it is purulent, remove all of it; if serous, this rule does not necessarily hold good; better to remove only a sufficient quantity to give relief. 5. Make the puncture where there is marked dullness and in the fifth interspace, as much to the left of the sternum as possible. Do not be alarmed if the fluid should be of a reddish color.—*N. Y. Medical Monthly*, December, 1886.

#### The Clinical Significance of Endocardial Murmurs.

At the recent meeting of the New York State Society, Dr. W. M. Carpenter read a paper on the above subject, in which he expressed the belief that pathological significance had overshadowed the clinical significance of endocardial murmurs, and therefore the terms, "endocardial murmurs" and "valvular disease of the heart" had been very frequently used synonymously. The interest in the paper centered in the following propositions and conclusions:—

PROPOSITIONS.—1. The only definite relation between endocardial murmurs and valvular diseases of the heart, is that of determining exactly where the lesion exists. Even this has limitations. 2. Clinical studies and pathological observations have determined that no definite ratio exists between endocardial murmurs and the amount and gravity of valvular disease. A very loud murmur may accompany a very small

amount of disease, and, *per contra*, extensive valvular and organic disease of the heart may exist unaccompanied by any cardiac murmur. 3. Endocardial murmurs when present, enable us, as a rule to ascertain definitely which auricular ventricular opening is involved. They may indicate the amount of damage which the valves have sustained.

CONCLUSIONS.—1. That endocardial murmurs and chronic valvular disease of the heart are not synonymous terms. 2. That the existence of a persistent endocardial murmur is not inconsistent with long life and the enjoyment of a fair degree of health. 3. That the knowledge on the part of the patient of the presence of an endocardial murmur should guard him against exposure to all influences that may give rise to any of the diseases which are liable to have cardiac disease as a sequel, or that will cause increased cardiac action.—*The Medical Record*, Feb. 5, 1887.

#### Locomotor Ataxia Running a very Rapid Course.

Dr. Parker reports a case of locomotor ataxia in which no spinal symptoms whatever were noticed until within six weeks of the patient's death. The autopsy showed a marked degree of sclerosis affecting both the columns of Goll and Burdach.—*The Medical Record*, Feb. 5, 1887.

#### Alcohol as an Anæsthetic.

Dr. W. C. Van Bibber, of Baltimore, reports three cases in which complete anæsthesia was brought about during labor by large doses of alcohol. The uterine contractions were regular and easy, there was no trouble with the placenta nor was there any post-partum hæmorrhage. The patient was so completely under its influence as to experience no pain, and was entirely unaware of the passage of the child from the uterus. He thinks its action in these cases compares very favorably with that of chloroform.—*Cincinnati Lancet-Clinic*, Feb. 12, 1887.

#### Cadaveric Rigidity.

Brown-Sequard at the end of two communications made to the Académie des Sciences, draws the following conclusions:



That while the coagulation of albuminous substances may be the principal cause of cadaveric rigidity, and is sometimes the only cause, still the state of the muscles very much resembles that of a true contracture, a vital condition, though present in corpses. From studies of his own and of others, he considers it proven, that a stoppage of circulation can cause contractures; that aside from nervous action, a contracture may persist, the circulation continuing; that after death, contracture has been known to appear and disappear many times, independent of any action of the nervous centres. He says: "I have often found, even several days after death, that if I stretch and soften rigid muscles, they not only contract again but become stiffer than they were before the manipulation, which implies that the mechanical excitation to which they were subjected threw them into a state of contracture, as it would during life; and I have also satisfied myself that, in muscles vigorously contracted, either during life or after death, no stimulation excites contraction."

He proposes to show in a future communication that the nervous system exerts an immense influence in precipitating or retarding cadaveric rigidity.—*Analectic*, January, 1887.

### Neuralgia of the Testicle.

Neuralgia of the testicle, whatever be its local cause, is most often seen, according to Terrillon, in persons having hysterical attributes which may be latent and have to be searched for with care, but which sometimes are very evident and general, and manifested by regular hysterical attacks.

The knowledge of these facts is of the greatest importance as it is of much help in treatment.—*Analectic*, January, 1887.

### III Effects of Milk in Diabetes.

The histories of cases of diabetes mellitus under the care of Prof. Austin Flint, of New York, show that a very large proportion of the patients were in the habit for many years of eating largely of sweets and starchy matters. In cases of males, a considerable portion were habitual champagne drinkers. Sexual excesses were noted in many cases. With few exceptions, patients

showed marked and continued improvement under strict anti-diabetic diet. The exceptions were in cases of long standing and in cases with complications. In no case was it possible to eliminate sugar from the urine while milk entered into the diet. In five cases which had been subjected to milk treatment, or treatment with skimmed milk, the effect upon the glycosuria was marked and prompt, the quantity of sugar in the urine being largely increased. In one case, the quantity of urine increased from 54 ounces to 150 ounces daily, and the sugar from 400 grains daily to 4800 grains. In all cases Dr. Flint prohibits milk as a most dangerous article of diet. In a few obstinate cases of long standing, with persistent reduction of temperature, whiskey or brandy was used to supply the loss of heat.

A study of the progress of his cases leads Dr. Flint to believe that in uncomplicated cases of not more than twelve months standing careful dietetic treatment will produce great improvement. He places but little reliance on the use of drugs.—*Practice*, February, 1887.

### Muscular Percussion Reflex as a Method of Clinical Investigation.

When the chest wall is subjected to a tolerably smart blow with the finger or percussion hammer an elliptical elevation of the surface may frequently be observed for a few minutes after the blow. This fact, which has been remarked by Mr. Lawson Tait, Dr. Jas. Ross and others, has acquired some importance from the somewhat analogous observations of Westphal, Erb, and others on the tendon, osteal, periosteal and muscular percussion reactions. Quite recently, too, Philipovitch has investigated the conditions under which the phenomenon is produced, showing that it may be made available like other reflexes for diagnostic and clinical purposes. In his observations he made use of a percussion hammer furnished with a spring and index by means of which the force of each blow was registered. The pectoral regions of 100 presumably healthy young men were examined. The lowest force required to produce the phenomenon—which, by the way, Dr. Philipovich proposes to style "loco-tetanus" instead of

"muscular contraction" the term used by Dr. Ross—was 400 grammes, and the highest, 2000 grammes. On analyzing the observations, it was evident that the lower degrees of force were invariably sufficient in weakly and ill-formed subjects who had been either permanently or temporarily rejected by recruiting authorities. Still lower figures were obtained on the examination of diseased persons, the lowest of all being afforded by phthisical patients. In all chest cases it was noticed that the "loco-tetanus" was more easily produced on the side where the disease was situated or on that where it was the more extensive; thus in a case of a dry pleurisy of the right side the figures obtained were for the sound side 550 grammes, and for the diseased side 150 grammes. The mean force required in the 100 healthy subjects was 750 grammes on the right side and 850 grammes on the left; and as the limit of that which could usually be borne painlessly by healthy persons with the instrument used was about 700 grammes, it may be roughly assumed that if the contraction can be produced by a tap, the force of which is much below that which is sufficient to cause pain in a healthy subject some pathological condition is probably present, or at least that the general state is below that of a healthy man.—*Journal of the Amer. Med. Association*, February 5, 1887.

#### A Case of Nervous Contagion.

Dr. Kreuser, (*St. Petersburg Med. Wochenschr.*), relates the clinical history of a family which furnishes a curious example of induced mania. A girl eighteen years old, began to suffer from religious melancholia, with delusions of obsession and having no treatment, soon became insane. She passes whole days and nights praying and made her parents pray also. A few days later the family shut up the doors and windows, and all sat around the table with Bible and Prayer-book before them. The father and mother pounded on the table with their fists and cried continually; "If it is right, so must it be." Every one who tried to enter the house was driven away with blows. The most violent of all was the younger sister of the patient first seized. Finally, the neighbors became alarmed at the state of things and made a regular assault

upon the house, finally gaining admittance and carried the inmates off to a hospital. Here the patients gradually became quiet and were restored one after another.—*The Medical Record*, February 12, 1887.

#### Points in the Treatment of Gonorrhœa.

Dr. Otis makes the following recommendations respecting the treatment of gonorrhœa:

1. Freely explain to the patient the inefficiency of popular remedies and the dangers attending their use.

2. Secure absolute personal cleanliness, thereby preventing infection of other parts, and insist upon as nearly perfect rest in bed as the exigencies of the case will permit.

3. Soak the penis frequently in water as hot as can be borne but more especially during the act of micturition.

4. Recommend milk as a diet and prescribe alkaline diuretics and mineral waters as internal medication.

5. Secure absolute freedom from sexual intercourse and from thoughts associated therewith.

Perfect faith in, and obedience to these simple formulæ, he insists will insure a successful ending of all uncomplicated cases before the end of the seventh week.—*Northwestern Lancet*, Feb. 1, 1887.

#### Albumose and Peptone Fever.

Drs. Ott and Collmar announce that the injection of even small quantities of albumose or peptone into the circulation produces a marked rise of temperature.—*Medical News*, Feb. 19, 1887.

#### A Practical Hint for Tracheotomy.

Mr. W. Leonard Braddon says: The operator is usually recommended standing preferably on the right side of his patient. After first determining the exact relation of parts, to fix the trachea with the left hand, the fingers on one side and the thumb on the other, at the same time stretching the skin at the side of incision. The direction is at least distinct, but the manipulation is usually in effect very different. In all of many cases which I call in mind, there has been a little (the only) trouble in the operation, and in some, considerable danger, delay, or anxiety, consequent upon the way in which the at-



tempt is made to keep the windpipe steady, as customarily taught and performed.

Four fingers on the left side and the thumb upon the right side of the larynx, press with more or less force immediately backwards to hold the organ in place, with the effect of considerably aggravating the dyspnoea (especially if an anæsthetic is not being employed) of flattening the pipe against the vertebral column to some extent, of, in all cases, increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx, which, likely to move with the slightest change of pressure is pushed still more out of reach by the increased pressure made to secure it.

Any or all of this inconvenience is the result of pressing backward with the fingers placed upon the skin immediately on either side of the windpipe.

The suggestion I have to make, and which I have no doubt many surgeons have long ago thought of or adopted, although hitherto I have never seen it noticed, is so simple as to provoke a doubt as to its value, but any one who tries it will, I think, find it so effectual in practice as to have no more doubt than I have as to its advantage. Let the surgeon place his left hand, as widely expanded as possible, over the neck of a child in the position for tracheotomy; then resting the fingers upon one and the thumb upon the other side firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers, and the skin (and loose tissue underneath) with them, towards the median line; as the sides of the windpipe are approached a little more pressure, made in a backward direction, will place the ends of thumb and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great blood-vessels, etc., (which have been wounded) and the vertebral bodies (which, it is recorded, have blunted a knife-point) are far out of harm's way, the windpipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be stretched more tightly) over the site of incision, and lying both as superficially as could be desired and as perfectly under control

as possible. Lastly, and this I think is not altogether unimportant, this procedure may be adopted without producing more than the very slightest degree of discomfort in any ordinary child—the younger the more easily; and one is still able to make the skin as tight as possible; now, however, the necessary pressure is distributed all around, instead of acting directly backwards upon the tube so as to flatten or displace it. I have ever been able without much trouble to make the thumb and fingers feel each other behind it by this means; while by the older method I have seen the production of undoubtedly a dangerous increase of dyspnoea. I may have over-rated the danger, or under-rated the utility of the usual method of fixation, but it has always seemed to me to be the only difficulty in an operation, which of course has none for experienced surgeons but to others presents often some trouble, chiefly in consequence of the fact that the means adopted for fixing the part to be incised, being ill devised though time-honored, are not only not to be relied on to secure that end, but, as I have tried to show, they directly tend to increase the depth of the wound of the trachea from the surface and the distress of the patient; and in all the accidents I have read of, and some that I have witnessed, this method has shown itself marked sometimes by danger, often by inutility. As to the barbarity of the hook, is it not an insult to the fingers of the surgeon?—*The Lancet*, Nov. 20, 1886.

#### Electrolysis in the Treatment of Fibroid Tumor of the Uterus.

At a meeting of the Chicago Medical Society, Dr. Franklin H. Martin considered the above subject under the following heads:

1. Consideration of the tumor.
2. Means of generating the current.
3. Electrodes, connections and other apparatus.
4. Electrolytic action of the current.
5. Cataphoric action of the continuous current.
6. The difference in the local action of the two poles with powerful currents.
7. Operation and details of application with a description of Apostoli's method.

The battery used should be one capable of generating a continuous strength of 200 milliamperes. The use of such a strong current is made practicable by improvements in electrodes and conduction. Apostoli overcame the pain caused by high tension currents by using as a surface electrode a thick paste of potter's clay spread upon the abdomen with proper connections from a plate of soft metal upon its free surface. This electrode has the objection of being inelegant. Dr. Martin presented a decided innovation in the way of a surface electrode. From a soft plate of metal, the margins of which are bent so as to form a concavity upon one surface of an inch in depth, he has constructed an electrode by stretching loose over the cavity an animal membrane, making the surface between the metal and the membrane water tight. Through a stopper in the metal surface, the inter-surface is filled with a warm saturated solution of chloride of sodium. This contrivance presents all the advantages of the potter's clay electrode of Apostoli. The internal electrodes include a uterine sound of platinum with the intra-vaginal portion insulated, a sharp probe of platinum and iridium with insulating sheath and a number of needles insulated with hard rubber to within an inch of the point. The cataphoric action of the current was described and to it, the author ascribed considerable prominence as aiding absorption of the fibroid growths.

The author offered the following summary of conclusions:

1. A means of generating a continuous current of electricity which can be increased from 10 to 250 milliamperes strength is necessary in order to obtain all the effects of the electrolytic treatment of fibroid tumors of the uterus.

2. The most distressing hæmorrhages from fibroid tumors can be healed by the local coagulating effect of the positive pole, if applied intra-uterine.

3. The intra-uterine electrode when positive should be of unattachable metal and should conform as nearly as possible to the size and shape of the uterine canal, and have the intra-vaginal portion insulated.

4. When the cervical canal cannot be entered, a negative-galvano-puncture should be made into the presenting part

of the obstructing mass of the tumor, and an artificial channel created which is to take the place of the impenetrable uterine canal in all subsequent treatments.

5. The intra-uterine electrode should in all cases be negative, unless there is hæmorrhage or excessive leucorrhœa, when the positive pole is required.

6. The strength of the current should be the strongest possible consistent with the desired therapeutic effect and the toleration of the patient.

7. Cases of intolerance of the high doses arrange themselves under the three following heads: 1, acute hysteria, 2, acute enteritis; 3, acute metritis, peri or para-metritis. The most tolerant are the deep uterine and profuse hæmorrhagic.

8. The ordinary duration of the seance should be about eight minutes.

9. The number of operations are necessarily dependent upon and influenced by the result to be accomplished. A severe hæmorrhage can be checked in from four to five treatments, while a general reduction of the tumor necessitates many, varied, of course according to the size and location of the tumor. In many cases simply a restoration to health and a relief from the prominent and annoying symptoms must be accepted as the substitute for an actual cure.

10. The time of commencing treatment matters little if the tumor is not rapidly growing and no excessive hæmorrhage is present. The operation should be intramenstrual if possible, but if hæmorrhage is continuous, operate during the flow.

11. Extra-uterine puncture should be regarded only as a last resort, but every means of reaching the tumor through the uterus being impracticable, seek, if possible, to make the operation extra-peritoneal; should this in turn prove equally undesirable, use as a final alternative, the abdominal puncture.

12. Strict antiseptic precautions should be carried out in this treatment as in all others.—*Cincinnati Lancet-Clinic*, Jan. 29, 1887.

#### Treatment of Oxaluria.

In concluding a paper on the subject of oxaluria, Dr. Aranulphy gives the following directions respecting the treatment of the affection: In light



cases, hygiene alone will work a cure. Under this heading he includes hydro-therapia, cold spongings, followed by friction, Turkish baths, massage, outdoor exercise, etc. As to food, let the patient eat equal portions of meat and vegetables, but strictly prohibit gaseous drinks, such as beer and champagne; water should only be taken when deprived of lime by boiling; hot water after meals will be useful in accelerating both digestion and organic combustion. Acids should be avoided. In severe cases, *oxalic acid* should be administered internally.—*The Clinique*, January 15, 1887.

#### A New Method of Treating Chronic Aural Catarrh.

With the object of making applications to the Eustachian tube alone in cases of chronic aural catarrh, Dr. R. W. Seiss has devised the following instrument. It consists of an Eustachian catheter closed at the point, and having the sides of the curved portion perforated with numerous very minute openings. A small syringe is fitted with a metallic nozzle fitting on the ground joint principle into the end of the catheter. The instrument may be made of German silver but is preferably made of pure silver. The best average diameter is that of an ordinary Eustachian catheter—three to four millimetres, and the length is about the same, from fourteen to sixteen centimetres. When the beak of the instrument is fixed in the Eustachian tube, suitable solutions can be injected through it, so thoroughly washing out and medicating the lower part of the canal, without the possibility of any of the fluid entering the middle ear or ascending high up in the tube, the fluid being thrown wholly in a lateral direction through the minute perforations.

Care must be observed that the moment the fluid is thrown in, the catheter must be withdrawn or the patient will be choked by the fluid deluging his larynx as soon as his palate is relaxed.—*Medical News*, Feb. 5, 1887.

#### Amputation for Joint-Disease, when Lung Tuberculosis Co-exists.

Dr. Lewis S. Pilcher formulates the following conclusions as the summary of present experience concerning this subject:

1. The probabilities of a spontaneous cure or prolonged abeyance of a tubercular bone or joint trouble as a result of expectant and palliative treatment—*e. g.* improved hygiene, rest, counter-irritation—is much greater in children than in adults.

2. The probability of the presence or early development of lung tuberculosis in case of tubercular bone and joint affections is much greater in adults than in children.

3. Incomplete operations, as drainage and irrigation of joints, evidement, and resections in which all of the diseased tissue is not removed, are less likely to be followed by ultimate good results in adults than in children.

4. Operative interference of a radical character is justifiable at an earlier date in the history of a bone or joint tubercular affection, in an adult than in a child.

5. When a lung tuberculosis is present, and an operation for the relief of a co-existing bone or joint affection is indicated, as the result of such operation, the lung affection, while in some cases influenced, is more frequently temporarily checked in its progress, and, in some instances, is apparently entirely removed.

6. Local relapse after an operation for an osteo-arthritic tubercular disease, lung tuberculosis existing, is exclusively conditioned upon incompleteness of the operation—the fact that somewhere tubercular tissue escaped removal, and not upon any influence exerted by the lung affection.

7. In any case of osteo-arthritic tuberculosis demanding operation, in which a doubt exists as to the possibility of removing absolutely all the diseased tissue by the more conservative methods of arthrectomy or excision, the co-existence of lung tuberculosis would be a circumstance that would add weight to the reasons for having recourse to the more radical operation of amputation.

8. After an amputation in perfectly healthy parts, as prompt healing may be expected in persons suffering from lung tuberculosis, as after such an operation in a healthy person. Relapses at the stump do not occur even in persons with advanced lung disease.—*Annals of Surgery*, February, 1887.

### Conditions which Aggravate Syphilis.

Fournier maintains that certain physical conditions in the person affected have more to do with the gravity of syphilis than the quality of the syphilitic virus. These conditions he discusses as follows:

1. *Alcoholism.* A powerful factor in increasing the virulence of this affection, favoring the spreading and increasing the tendency of the cutaneous lesions; producing severe symptoms tertiary in character, early in the secondary stage; creating special types of eruption, malignant, and involving large areas of skin surface, causing more frequent outbreaks of the syphilides, depressing the system and finally predisposing to early nervous manifestations and causing deposits in the brain and spinal marrow.

2. *Age.* Syphilis is always severe at the two extremes of life. In the infant, the disease whether inherited, congenital or acquired, is very frequently fatal, in striking contrast with its benignity in the child of two, five or six years of age. In the adult it is usually mild. After fifty or fifty-five years of age, the disease begins to be severe, and in old age, it is extremely virulent.

3. *Scrofula and Tuberculosis* act on syphilis, and give rise to special symptoms, and at the same time, syphilis exerts an unfavorable influence on those diseases. In those cases, the syphilides have a moist, suppurating and fistulous character; ocular, osseous and articular lesions are frequently present, and the larynx, pharynx and nose are early and deeply involved. In scrofulous subjects, a particular mixed kind of inflammation of the glands is noticed, and in patients with tuberculous tendency, pulmonary lesions are very often hastened.

4. *Malaria* also predisposes to grave forms of syphilis, as seen in those affected with malarial toxæmia.

5. All agents which depress the vital economy can serve as factors of virulence in syphilis, such as extreme poverty, bad hygiene, insufficient alimentation, prolonged lactation, fatigue, worry, etc.—*Quarterly Compend. Med. Sciences.*

### Poisoning by Benzoline Vapor.

Poisoning by benzoline is of sufficiently rare occurrence to warrant the

recording of the following case which Dr. Foulerton reports in the *Lancet*, in which, however, as will be seen, the effects of the poison may have been complicated to some extent by the high temperature in which the patient was at the same time placed.

"W. S—, aged twenty-five, a well-made and healthy looking German, entered a zinc tank used for the storage of benzoline, and then all but empty, at 9 a. m., and at 11 a. m., was found lying insensible at the bottom of it. The tank was some 5 feet 6 inches high with a small man-hole at the top and exposed to the direct heat of a powerful sun, a thermometer inside registering 106° F. Shortly afterwards when the man was brought to the infirmary I found him in the following condition: Smelling strongly of benzoline; unable to stand but capable of answering simple questions in an indistinct sort of way; moaning occasionally and from time to time bursting into a hysterical laugh; face flushed; surface of body and limbs cold and clammy; muscular tremors and twitchings in the legs and arms; pupils widely dilated, reacting to a strong light stimulus; pulse 88 full and soft; respiration from 8 to 9 in the minute, deep and stertorous, irregular in rhythm, as much as fifteen seconds intervening between the separate inspirations; heart's action feeble; temperature in axilla 98.8°. Shortly after admission he vomited feebly, the ejected matters being bile-colored and smelling of benzoline." Under treatment rapid recovery followed.—*Quarterly Compend. Med. Sciences.*

### Therapeutic Uses of Iodol.

Pick has made extensive use of this drug, and values it highly as a substitute for iodoform, over which it has the great advantage of being nearly odorless. It occurs as an almost odorless and tasteless skin-colored powder, which is slightly soluble in water, 1 to 5,000; soluble in absolute alcohol in the proportion of 1 to 3, but thrown down by the addition of water to the alcohol. Ether dissolves less than its weight of iodol; chloroform takes up fully 50 per cent., and olive oil, in a water bath takes up 15 per cent. Pick uses it in five forms: (1) A very fine powder; (2) iodol gauze; (3) iodol spray; 10 to 20 per cent. dissolved in ether;



(4) iodo collodion, made by adding one part of iodo to five parts of ether and ten parts of collodion; and (5) iodo ointment in 5 to 10 per cent. strength.

He has used the drug with very satisfactory results in gonorrhœa of the female, in chancre, condylomata, gummatous syphilides, and suppurative and sub-acute adenitis, besides other non-venereal ulcerative diseases, such as chronic ulcers, scrofulous abscesses, and lupus after scarification. In gonorrhœa, after washing the vagina with a bichloride of mercury solution, the part is to be sprayed with the iodo spray, and tamponed with the iodo gauze. The gonococci disappear in a few days. The chancres were carefully cleaned, then sprayed with the iodo, and then either powdered with it or covered with the gauze. The condylomata were sprayed. In syphilitic gummatous lesions the iodo was given by the mouth in amounts not exceeding fifteen grains during the day. As a rule, four to eight grains were given morning and evening for two days, say on Monday and Tuesday, then no more was given until the following Monday, when the drug was again administered for two days. Locally iodo was used in spray, or in a lanolin ointment where the skin was intact over the gumma, and in powder where there was ulceration. In suppurative buboes, after they were opened, the abscess cavity was washed out with bichloride solution and filled with iodo powder and gauze, and a bandage placed over all. The bandage was removed in eight days, and the abscess healed in from twelve to twenty-two days. Symptoms of poisoning were never observed in any of the cases—one hundred and thirty-eight in all.—*N. Y. Med. Journal*, Feb. 19, 1887.

#### A Hint in Dilatation of the Œsophagus.

In dilating strictures in the upper portion of the œsophagus, Dr. J. Solis-Cohen finds the passage of instruments much facilitated by forcibly drawing the larynx and trachea forward between the thumb and fingers of the disengaged hand, at the moment that the obstruction is reached by the dilating instrument. — *Polyclinic*, February, 1887.

## News, Etc.

DR. C. H. EVANS, of Chicago, has removed to 730 Warren avenue.

DR. JAS. KEMBLE has removed from 1627 to 1827 N. 18th street, Philadelphia.

DR. S. LIELENTHAL after March 1st will retire from active practice and devote his time mostly to literary labors. His address will be 100 and 102 Front street, San Francisco, Cal.

DR. M. D. YOUNGMAN, 1618 Pacific avenue, Atlantic City, N. J., has associated in practice with Dr. A. W. Bailey and will devote especial attention to his speciality diseases of the nervous system.

SEMI-CENTENNIAL OF HOMŒOPATHY IN NEW ENGLAND.—Homœopathy was introduced into New England and first practiced here by the late Dr. Samuel Gregg in 1837. This year is therefore its 50th anniversary, and so great has been its progress, especially in the last fifteen years, that the *Mass. Hom. Med. Society* proposes to celebrate this occasion.

The programme is not yet fully completed but the following general plan is suggested:—

First day, Monday, April 11th, 1887, (Hahnemann's birthday). An Excursion to the New State Hospital at Westboro; inspection of building and grounds; lunch; brief addresses; return to Boston, arriving about 6 P. M.

Second Day, Tuesday, April 12th.

A grand Evening Reception and Reunion in the Massachusetts Charitable Mechanics Association Building, Boston, under the auspices, and in aid of the *Boston University School of Medicine*.

Third Day, Wednesday April 13th.

The Annual Meeting of the *Massachusetts Homœopathic Medical Society*.

It is desirable to make this a memorable occasion, and we cordially invite our friends, far and near, to be with us on one or all of these days, and to communicate any suggestions likely to contribute to the importance and success of this festival.

In behalf of the Committee,

I. T. TALBOT,

H. E. CLAPP,

H. E. SPALDING.

Boston, Feb. 1, 1887.

THE INDIANA INSTITUTE OF HOMŒOPATHY.—Special efforts are being made by this association to secure as members, every homœopathic physician of Indiana. With this end in view and that no one could stand aloof on account of delinquency in dues, the Institute at its last

meeting voted to remit all delinquent dues, and ask the few delinquents there may be to return to the fold—those who have been arrears more than four years to have their names dropped, they having the privilege of coming in as new members, with old dues remitted, and those in arrears less than four years to be put in good standing upon paying the 1887-8 dues (\$2). The next meeting will be held at Indianapolis in May. The Secretary of the Institute is Dr. Wm. B. Clarke, of Indianapolis.

The physicians of Brockton, Mass., have formed an association for mutual protection. They have compiled a list of such persons as habitually neglect to remunerate physicians for their services.

DISCOVERY OF A DIPLOMA-SHOP.—The Boston *Herald* of February 11th, publishes a long description of the doings, or misdoings, of an individual claiming to represent a chartered "University" in the State of Maine. A reporter of that paper took a "course of instruction" in the institution, consuming a total of less than twelve hours of his time, and received, in return for a sum of money, a diploma conferring upon him all the honors of a medical degree. In his examination—oh, yes! he was "examined"—he was able to tell the "professor" that there were 326 bones in the human body, and elicited the encouraging response that he appeared to be "well up in anatomy." The whole "examination," as reported in the newspaper, is intensely ludicrous. Steps are to be taken for the suppression of the swindle.

THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA has just issued its annual report. It points to the following record of its work:

Number of inmates Jan. 1, 1886.....	14
Received during the year.....	127
Total.....	141
Cured.....	78
Improved .....	16
Removed for various causes.....	20
Died during the year.....	3
Total .....	117
Remaining in Hospital Jan. 1, 1887.....	24
Total number of patients received since the opening of the Hospital (1877) .....	620
Deaths during the same period.....	24
Less than 4 per cent.	

THE MEDICAL REGISTER is the title of a new medical journal (weekly, to be hereafter published at 1519 Walnut street, Philadelphia. Its editors are Drs. John V. Shoemaker and W. C. Wile; the former known as the editor of the *Medical Bulletin*, and the latter as editor of the *New England Medical Monthly*. The two names furnish as much promise of a vigorous journal as the most exacting physician will be likely to ask.

THE STATE UNIVERSITY OF IOWA.—(Homœopathic Medical Department) held its tenth annual commencement Tuesday, March 1, 1887. The following class was graduated:

Fred. W. Southworth, St. Paul, Minn.; Albra W. Baker, Williamsport, Pa.; Jos. E. Beck, Kittanning, Pa.; Peter S. Beck, Metz, Iowa; Elva M. Coulter, Iowa City, Iowa; Jacob Derr, Farmington, Iowa; Arthur W. Fees, Mt. Etna, Iowa; E. S. Lawrence, Waterloo, Iowa; Frank W. Lee, Orchard, Iowa; Albert L. Martin, Lisbon, Iowa; Carlton V. Norcross, Butte City, Montana; Clara J. Swan, Mt. Pleasant, Iowa; Wm. C. Wight, Wodbine, Iowa; Chas. W. Vroom, Waterloo, Iowa.

## Obituary.

DR. E. A. LODGE.

DR. E. A. LODGE died in Detroit, Jan. 25, 1887. He was born in London, England, May 6, 1822. He came to Detroit in 1859, and established the first homœopathic pharmacy in the West; also enjoyed for many years a large and lucrative practice which he was obliged to relinquish on account of failing health.

He went to Thomasville, Georgia, in November last, after spending a few weeks there was attacked with a low form of fever which so debilitated him that one of his sons went south and brought him home, since which time he steadily declined. He was an earnest, active Christian.

In connection with other labors, he published for more than twenty years *The American Homœopathic Observer*, one of the most popular journals of its school.

He leaves a widow and eleven children, six sons (three of whom are physicians), and five daughters.



THE  
HAHNEMANNIAN  
MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

Original Department.

ACONITE IN DISEASES OF THE EAR, NOSE AND THROAT.

BY EDUARDO FORNIAS, M. D., PHILADELPHIA, Pa.

AURAL SYMPTOMS.

HEARING.—Morbidly acute. Aversion to noises, they are intolerable and startle the patient (mag. c., silica). Music goes through every limb and makes her sad. Hah. (Lyc., phos., sulph.). Hyperacusis.

ABNORMAL SOUNDS.—Roaring, humming, ringing in the ears. Hah. (Tinnitus).

SENSATIONS.—A sensation of stoppage of the ears, as if the vibrations of the air were prevented from impinging upon the tympanum, or as if something obstructed the left ear. (Hypo-acusis or Dysecœa). Tickling (as of a small worm in the right ear). Jahr. Burning in the left ear. (Hempel).

PAINS.—Violent. Tearing, stinging in the ears. Jahr. Tearing in left ear. Lil. (Otitis).

EXTERNAL PARTS.—Hot, swollen, red, painfully sensitive. Lil.—Meatus red, shining, swollen, and narrowed. (Erysipelatous inflammation of the ears). Burt.

DISCHARGES.—Yellow and offensive, caused by the suppression of a rash behind the ears or from exposure. (Hempel?) Blood and a thin watery fluid may be discharged out of the ears. (Hempel?).

## NASO-PHARYNGEAL SYMPTOMS.

SMELL.—Morbidly acute, especially for unpleasant odors.

NOSE. PAIN AND SENSATIONS.—Distressing pressive at the root of the nose. (hep., merc.) A weight in the frontal region, indicating engorgement of the frontal sinuses, which is sometimes relieved by nose-bleed. In neglected cases the nose may feel painful even up to the cribriform plate. Dryness.

DISCHARGES.—Coryza. Dry or fluent, caused by dry cold air or wind. Cannot breathe through the nose. Coryza with violent sneezing (Sab., Sang.) and discharge of a thin watery fluid from nostrils, with headache, roaring in the ears, fever, thirst, etc. (see Accompaniments). Bright, red blood. (bell., bry.). Epistaxis.

FAUCES AND PHARYNX.—The whole space feels rough and scraped, with difficulty of swallowing. An astringent sensation in the fauces. Hyperæmic condition of the parts, throat, tonsils, fauces and pharynx. Burning and stinging in the fauces and pharynx (apis., laches.) which look dark red. Feeling of dryness as if something had stuck in the throat. (hep., alum). The throat feels swollen and full. Pricking, burning in the palate, throat and along the trunk of the Eustachian tube, with increased secretion of saliva, or compelling swallowing. Heat and dryness of the throat which feels very sore and raw, and a feeling as though a tough phlegm were collecting in fauces, causing a hemming. Tonsils look swollen like lumps of raw flesh. Redness of soft palate and uvula (bell.) Stitches flying through the throat or along the Eustachian tube to the ear. Burning and numbness in the throat (caps.). Throat almost insensible. Almost entire inability to swallow, with hoarseness. When swallowing, stinging pains in the throat; feels as if food remained in the region of the heart. Piercing choking, at first on the left, then on the right side of the throat, especially when swallowing or talking.

ACCOMPANIMENTS.—Studied in its relation to the parts under consideration we may find the following symptoms: Fever, creeping chills, with goose-flesh, followed by heat and dryness of the skin. Full, hard, bounding pulse. Great nervous anxiety and fear of death, with sleeplessness; excessive restlessness, agonized tossing about. On account of the pain there is moaning and anxious lamentations. Tongue red, coated, or dry (ars., bry., nux.) Lips dry. Unquenchable thirst. Throbbing and shooting headache; weight in the frontal region above root of nose; sneezing and lachrymation. Fullness and heavy feeling in head as if everything would push out of the



forehead. (bell., bry., merc.) Sensitive scalp (baryta c.), sweat on forehead and upon the cheek upon which one is lying. Burning heat, especially in the head and face, with redness of cheeks and pulsating carotids; shivering over the entire body, especially if uncovered in the least or on the slightest movement. On arising from a recumbent posture, the red face becomes deathly pale, or he becomes dizzy and falls over, (bryo., puls.) hence afraid to rise again. Dry cough, shortness of breath, hoarseness. Scanty, hot, pungent, high colored urine without sediment. Nightly delirium. Rheumatoid pains of the extremities, with coldness of the hands and feet, or soreness of muscles, especially nape of neck and shoulder.

If the inner ear is involved in the inflammatory process, the brain may become disturbed; the patient may complain of violent throbbing or shooting pain in the head, dizziness; he may be even out of his senses. Blood and a thin watery fluid may be discharged out of the ears. The parts around the ear may either be swollen or feel sore. In persons of a plethoric habit or who are afflicted with bad teeth, we often find neuralgic pains of the face accompanying the ear trouble.

That vertigo and symptoms of meningeal irritation should coexist with catarrhal inflammation of the middle ear and obstruction of the tubes is easily explained if we consider the anatomical relation existing between the brain and tympanum.

If on the other hand the throat bears the brunt of the disease, this will be found swollen, hot and dry with engorged vessels; the tonsils especially may be intensely congested, of a dark-red color, with burning, pricking and stinging on swallowing; these pains often extending along the Eustachian tubes. When the tubes are involved there will be deafness or noises, due to a diminished calibre by congestion or perhaps earache.

Although the pharynx is often involved in the various forms of sore throat, an acute catarrhal inflammation limited to its walls only, is very rare, and when it takes place there is great interference of function, dysphagia being a prominent symptom. But as a rule, like elsewhere, the disease will spread to neighboring tissues, implicating either the nares or the ears.

When the cold starts at the *nose* this will be found red, swollen, hot and dry with violent headache and a feeling of stiffness; or discharging a fluent, hot liquid with frequent sneezing. The muscles may be so sore that sneezing forces the patient to support his chest. But it must be borne in mind that the leading symptoms of aconite

are always the constitutional ones and this because it is a drug especially homœopathic to those conditions in which the vascular and nervous phenomena are most prominent.

AGGRAVATION.—In the evening and night ; when lying on the left side ; in a warm room ; from tobacco smoke. The headache (probably also the earache) is aggravated by motion, stooping and noise. The chill is worse at rest. Wine and other heating substances renew the pains. Jahr.

AMELIORATION.—During the day ; in the open air ; after perspiration ; from wine. Rheumatic and other pains disappear for the most part when sitting, but during the night in bed are insupportable. Chill relieved by motion. Headache relieved by repose. Better from cold drinks, anxiety relieved.

ADAPTEDNESS.—To the first stage of all acute inflammations, with *great erethism* of the nervous and vascular systems, especially if brought on by *dry, cold, windy weather, sudden changes of temperature, a current of air*, or by *suppressed perspiration*. It is particularly suitable to plethoric persons or those who lead a sedentary life ; dark hair and eyes ; rigid fibre, who are lively, nervous and irritable. *To sufferings which particularly at night seem insufferable*, and which generally disappear in a sitting posture. Attacks of pain, with thirst and redness of cheeks. Attacks of fainting, chiefly on rising from a recumbent posture, sometimes with congestion of blood in the head ; buzzing in the ears ; deadly paleness and shuddering.

#### THERAPEUTIC APPLICATIONS.

In *colds*, aconite demands our first attention as soon as swelling, heat, redness and more or less pain indicate the stage of congestion, or in other words when the afflux of blood is increased, the nerves are disturbed and tumidity, heat and dryness become manifest with more or less impairment of function. Frequently it is in the nose where the first impression of a cold is felt, but sometimes it commences in the throat, and the ear is by no means free from a direct attack. The preternatural condition in which the mucous membranes are placed clearly shows the early congestion and advancing inflammation. The latter is fully developed when engorgement of the vessels, swelling of the tissues, cell proliferation and an increased flow of perverted secretion from the debilitated vessels occur. All this indicating, in the first place, that the dry stage has been replaced by the moist, and second, that aconite has ceased to be the remedy. Only when the secretions have not become corrosive or thick or yellowish,



and the fever as well as the vascular and nervous symptoms still remain, is it that this drug continues indicated.

Incidental circumstances, such as a specific cause, constitution of the patient, severity and duration of the trouble, and above all the position of the part attacked highly varies the concomitants and we should not neglect the soil which is brought to bear the brunt of the disease.

The importance of aconite in catarrhal affections of the nose, throat and ear, can be further appreciated if we consider that acute inflammation of these parts is usually attended by fever, ushered in with a chill or chilly creepings along the back and extremities, followed by heat and dryness of the skin, violent pain, thirst, full, bounding pulse, great nervous restlessness with anguish of mind, vertigo, tinnitus, labored respiration, dysphagia, lachrymation, sneezing, and the sensation of stuffing of the nose and head.

Of course often the atmospheric impression is not so strong as to give rise to all these symptoms, but there will be always enough congestive phenomena present to indicate this remedy.

It is the chill that has given these catarrhal affections the popular name of *colds*.

Its action on the Schneiderian membrane is made manifest by the violent sneezing; dryness of the nose or the discharge of a clear liquid; redness and swelling of the parts; throbbing headache; stupefying pressure over the root of the nose; epistaxis and humming in the ears; and the association of these symptoms with others of the neighboring regions in the affections we are considering, will be made clear by tracing the continuity of this mucosa. It is continuous externally with the skin through the anterior nares, and with the lining membrane of the pharynx through the posterior nares. It extends from the nasal fossæ to the conjunctiva, through the nasal duct and lachrymal canals; from the mastoid cells and tympanum to the pharynx through the Eustachian tube; and to the frontal, ethmoidal and sphenoidal sinuses, and the antrum maxillare, through the several openings in the meatuses. The mucous coat of the pharynx is also continuous with that of the fauces and larynx.

The mucous membrane of the Eustachian tube being then an extension of that of the pharynx, which, without any solution of continuity or line of demarcation, passes into the tympanum and mastoid cells to line their walls, it is evident that these internal parts must necessarily participate in the congestive or hyperæmic condition brought about by severe impressions upon other neighboring regions anatomically

related to them. So it is that an acute catarrh which has its starting point at the fauces or at any portion of the naso-pharyngeal mucosa may involve the tube, tympanum and cells, presenting subjective symptoms similar to those belonging to catarrhal inflammation of the tympanic structure itself.

In this purely mechanical way, says Allen, we have a thorough and complete *aural catarrh* established from simple "catching cold," "getting the feet wet," "having a sore throat," etc., according to the patient's description.

In fact, any remedy which like *aconite* has the power to remove the hyperæmia and tumefaction of the early stage of inflammatory affections, must surely, directly or indirectly, accomplish the following in the regions we are considering. Namely: Change into a healthy aspect the red, tumid, velvety, injected and spongy-looking condition of the mucosa of the throat, which also accompanies catarrhal inflammations of the tube and tympanum—remove the stuffing of the nose and head—the faucial breathing—the inability to swallow—the peculiar sensation of fullness and occasional "bursting" in the drum of the ear, due to a congested and thickened condition of the tube—undue impression upon the tympanum, thus bringing about the equalization of density between the atmospheric air, and that contained within the drum, allowing its head to resume its normal position, improving the diminished hearing power, and relieving the distressing noises, the giddiness and the excitement which sometimes amounts to delirium—and finally by unloading the full and dilated capillaries which press upon the nerve filaments, remove the torturing pains. I have witnessed some of these results more than once.

In the same manner as the vibrations of the air transmitted to the auditory cells and filaments cause a nerve disturbance, an increased supply of blood in inflammation of the ear sets up a similar disturbance by the pressure which it exerts. In the first case the result is sounds, and is a normal condition; in the second, noises, and is abnormal.

And to close my remarks on *aconite* I will state that without questioning whether *myringitis* is an idiopathic or secondary affection, or whether it is rare in the first case and frequent in the second, I believe that if the drum-head itself becomes alone implicated, presenting the symptoms mentioned by aurists, then *aconite* must be a capital remedy for this painful trouble. These symptoms are:—Deep-seated tearing or lancinating pain, sometimes so excruciating as to induce delirium; pulsating carotids not only audible but felt at each



throb; painful sensitiveness of the affected side (eyes, teeth, temple, etc.). With the pain there is a feeling of throbbing and fulness. Severe tinnitus of all kinds usually accompany the painful attack and the greater the nervous excitement and higher the degree of inflammation, the worse will be these noises; bleeding from the ear often takes place, which may prove beneficial. The pain is increased by swallowing, coughing, sneezing and blowing the nose or by the recumbent position, and pressure of the ear on the pillow, which seem to favor congestion of the membrane.

As only one side is usually affected the patient will not invariably be sensible of diminution or loss of hearing. And the *aconite* perfectly corresponds, as none of the provers, as far as I know, presented marked *hypo-acusis* or *dysecœa*, but *hyperacusis* is a great characteristic. An exaltation of the auditory sense which occasionally occurs at the commencement of *myringitis*, and which is analogous to *photophobia* in ophthalmic disease.

To these local symptoms must be added certain well-marked constitutional ones, such as impairment of the functions of the brain, distress, anxiety and depression of mind, giving rise to the worst forebodings, restlessness, sleeplessness, or in the severest cases, delirium, and symptoms of cerebral disease.

#### LITERATURE OF THE SUBJECT.

CATARRH.—“Nose hot and dry with violent headache; feels better out of doors; or fluent and hot discharge with frequent sneezing; muscles sore, so that sneezing forces him to support his chest; fever, etc.—All provoked not by damp weather, not by exposure to any sort of atmosphere capable of producing cold, as some teach, but by cold air, cold, dry winds, checked perspiration. A single dose is sufficient in the beginning to break up the cold at once.”

SORE THROAT.—“Similar circumstances may cause sore-throat, tonsils intensely congested, with burning, pricking and stinging on swallowing.”—Farrington.

NASAL CATARRH.—“In the commencement of nasal catarrh, dry state, from dry, cold west winds.”—Raue.

“Persistent, violent sneezing, fever, thirst, restlessness, coryza, dry or fluent.”—J. C. Morgan.

ACUTE CATARRHS.—“Primary stage of catarrhs (coryza, influenza, simple acute catarrhs, and inflammatory states of the respiratory organs, especially when fever is present. In that stage it suits a

loose as well as a dry cough. Its action must be prompt, or we pass over to more deeply penetrating remedies. In chronic coughs for intercurrent acute aggravations. *Cough* with expectoration of blood."—Hirschel's Clinic.

"Creeping chills, followed by heat of the skin, with spasmodic sneezing and discharge of thin watery fluid from the nostrils; liable to frequent catarrhal attacks; patient feels better in a cold room."—Lilienthal.

TONSILLITIS.—"Tonsils swollen, inflamed, and of a dark-red color, with fever. Pain and great difficulty in swallowing or in speaking. Burning, pricking, or contracting sensation in the throat. Great restlessness and nervous excitability."—I. D. Johnson.

NASITIS.—"In acute inflammation of one side of the nasal mucous membrane, a condition sometimes confounded with neuralgia, where there is intense pain in the frontal sinuses and in the antrum, I have seen *acon.*, 1x, in 5 drop doses, of immediate service. The special indication is when the pain is greatly increased by stooping the head or lying down."—W. Bayes.

OTITIS.—"External ear hot, swollen, red, painfully sensitive; roaring in ears, music unbearable, *tearing in left ear.*"—Lilienthal.

In otitis, in which I have seen many severe cases, *aconite*, 1x, has proved rapidly curative, in 2 to 5 drop doses, every hour or two, till the pain is relieved."—W. Bayes.

"Otitis of a rheumatic origin and in persons of a scrofulous taint. Inflammation of the internal and external ear. The patient complains of a distress as if the ear would be torn out of the head; a violent throbbing, burning, lancinating, dragging pain; excessive soreness, sensitiveness to noise; the ear passage looks swollen, red, shining, etc. The attack attended with fever ushered in with a chill or chilly creepings along the back or extremities."—Hempel & Arndt.

OTALGIA.—"Acute otitis generally, always commences with earache, and this earache is almost invariably worse at night. Among its causes "taking cold" in any way is the most fruitful; very often it arises from suppressed perspiration, and the draught from the doors of railway carriages is a fruitful cause of it."

"However earache comes on, if we find the pain extremely severe, the temperature and pulse high, and the respiration hurried, the patient very restless and anxious, we cannot do better than administer *aconite*. I know from personal experience that it will often take away the pain as if by magic."—R. T. Cooper.



## SEPIA AND ITS USE IN PULMONARY AFFECTIONS.

BY DR. OSCAR HANLEN.

(Translated for the HAHNEMANNIAN MONTHLY from the Transactions of the International Homœopathic Congress, held at Bale, Switzerland, August, 1886.)

Sepia is a brownish-black substance thrown out by the mollusc, so named, to hide itself when pursued or in search of its prey. Sepia is much used by artists but Hahnemann was the first to introduce it as a remedy.

According to Gruner it is obtained from the little funnel-shaped sac found on the under surface of the mollusc. It is dried and forms a brownish-black mass with a slight fishy smell, without taste and consisting of particles enclosed in a delicate membrane like grapes.

The trituration is usually used, but it is prepared also as a tincture almost colorless with a decided odor. According to Schwabe this tincture corresponds to the first dilution and 10 drops with 90 of alcohol form the first dilution (centesimal); it is then diluted by the centesimal scale, 1 to 99, or by the decimal, 1 to 9.

So much in brief of its preparation.

As said before, Hahnemann was the first to discover in it a remedy and his provings of it are found in his "Chronic Diseases." In the first edition of this work, in four volumes, the provings are found in the third volume and he reckons it among the antipsorics. He gives 1242 symptoms obtained from the third and higher attenuations. In the second edition, in five volumes there are 1655 symptoms. The remedy was proved in America in 1874 on 20 men and 40 women. The urine was analyzed and examinations of the uterus were made in this proving—517 symptoms were noted. In Germany, Dr. Veith Meyer, published a study of the drug in the *Homœopathische Viertel-jahreschrift Hahnemannist* and the American provings are found in the eighth volume of the *Encyclopædia of pure Materia Medica* by Dr. Allen where 2325 symptoms are given. In studying the symptoms of sepia in Hahnemann's "Chronic Diseases" the principal groups are found to be: (1) The genital organs especially in women. (2) The head. (3) The abdominal organs. (4) The skin. (5) The respiratory organs.

Many of the head, chest and abdominal symptoms have a near relation to the genital organs and the remedy is best indicated when beside the thoracic, abdominal, skin, or head trouble there are the characteristic symptoms of the genital organs, especially in women.

For the female sexual sphere we find the following symptoms:

Bearing down in the uterine region, as if everything was coming

out of the vagina, relieved by pressure on the genitals or crossing the limbs. Severe itching about the external genitals, often with suppuration and burning eruptions (Eczema.) Menses are early, scanty and followed by uterine colic.

During the menstruation great prostration in the morning (as in Calc. carb.)

Watery yellowish viscid leucorrhœa, often a putrid or milky white flow during the day only, accompanied by burning pains and causing excoriations. Add to this the head symptoms, *i. e.* Dull headache, prefer to close the eyes, sensation of heat going up to the head and violent beating in the back of the head and temples, followed by the sensation as if the eyes were going to fall out, sensitiveness of the scalp and falling out of the hair; we have in short a picture of uterine disease (Endometritis), flexion, prolapse, dysmenorrhœa, anæmia and chlorosis.

Hale says that the pain in the back of the head is characteristic of uterine disease and that sepia is the main remedy.

Sepia is the most important remedy after miscarriage to prevent a repetition.

Pains in the eye and above often point to disease of the cervix uteri.

The patients to whom sepia is adapted are usually fretful, have chloasmata on the forehead and nose, get sick readily in cold dry weather, are worse in the morning and at rest, but better when moving about. The pains produced are often lancinating. The remedy is useful, especially during pregnancy, for toothache of that period. (Calcarea carb. is also often used in these cases.)

The abdominal organs, especially the digestive canal, furnish several important symptoms, namely: bitter taste often a metallic taste as of copper, vesicles and ulcers on the mucous membrane and marked salivation, toothache with sharp pains out to the ear, morning nausea relieved by eating, weakness and empty feeling in the stomach, sensation as of a stone in the pit of the stomach. Nausea coming on at the moment of eating, oppression in the epigastrium after meals, dull pain in the region of the liver, relieved by belching and passing wind; constipation, painful pressure in the rectum and during stool. Hemorrhoids and mucous oozing from anus; prolapse of the rectum.

Guernsey described the rectal symptoms as producing a sensation as of a weight in the rectum. There are but few symptoms of the urinary passages, the most important being pressure in the bladder,



frequent and involuntary urinations, on which account sepia is used for nocturnal enuresis in children and in adults, when, according to Guernsey, it occurs during the first sleep. Also a whitish-yellow discharge from the urethra and moderate pains during urination for which it is recommended in protracted gonorrhœa and chronic prostatitis. As regards the skin, the symptoms would lead one to use sepia in dry and desquamating eruptions as eczema and psoriasis when they are found on the extensor side of the knees and elbows. Kafka senior especially praises sepia in psoriasis.

In order not to tarry too long over the symptoms of the other organs, I will pass to those for which I think sepia is too little used, that is, in diseases of the lungs, especially in the chronic troubles. Even here I look upon the remedy as especially adapted to women, for many uterine troubles terminate in disorders of the nervous system and anæmia of the lungs. Among the causes of phthisis we find uterine troubles especially, chronic inflammations, miscarriage, metrorrhagia especially at the climacteric period, for which lachesis and sanguinaria are also very useful.

From a homœopathic standpoint this would not justify the use of the remedy had not the provings clearly pointed to lung disease.

Some years since Dr. Kunkel, in the *Allegemeiner Zeitung*, recommended the remedy in pleurisy, especially, if for some time previous to the attack the patient had been anæmic and a sufferer from nervous prostration. It is well-known too that in phthisis, long before the cough begins, there is a period during which the patients are, at times, discouraged, at times excitable; they are tired of life, suffer from nausea and languor, they have an unhealthy pale yellow color, alternating with circumscribed red flush of the cheeks; their stools are hard and accompanied by hemorrhoidal bleeding; they suffer from headaches, leucorrhœa, scanty menses or amenorrhœa, often the stomach symptoms are very marked, such as vomiting after meals, anorexia, &c., and lastly, sharp pains in the arms and supra and infra clavicular regions.

Hahnemann gives in the third volume of "Chronic Diseases" the symptoms (690—780) of the respiratory organs, from among which I will cite the most characteristic: hoarseness followed by dry cough, tickling in the larynx, cough often followed by vomiting, at night in bed short cough followed by blood spitting (blood is very dark and clotted), the cough awakens the patient and produces lancinating pains in the back, expectoration grey or yellow, dyspnœa, oppression, palpitation of the heart, pressure on the chest at night on the right

side of the chest and under the right scapula when breathing and coughing (underscored symptom) severe sharp pains in the chest at every inspiration obliging the patient to breath very lightly.

Add to this, symptom 1035, profuse sweat on moving; 1192, profuse sweat during the whole night; and 1198, sweat on awaking, and lastly, 1204, sour sweat, (all characteristic) and we have the most important symptoms.

Both Hempel and Jessen give for the respiratory organs, dryness and tickling in the throat, hoarseness, spasmodic cough, very tiring and dry, seems to come from the stomach or followed by a purulent or blood-streaked expectoration of a salty taste, lancinating pains in the chest when coughing or breathing, palpitation of the heart, brown spots on the breast. Hempel adds that the cough is worse morning and evening, and, that in his opinion, sepia is adapted especially to people who have long suffered from skin disorders or gastric troubles, constipation, and in the case of women, uterine troubles; sepia causes several very important symptoms relating to the eyes, burning in the eyes with weakness of same, cloud before the eyes when reading or writing, black spots before the eyes, green rings around the light. Jousset recommends it in glandular blepharitis with little crusts at the root of the lashes.

I shall now cite some cases from my practice in which I have used sepia with very satisfactory results.

I almost always use the 12th and 30th attenuation, the higher potencies being looked upon as the more beneficial.

1. C. JOURN., 132.—G. H. 21 years, cigar maker, began treatment October 5th, 1881, for gonorrhoea which had lasted 3 days. Had severe sharp pains during urination and abundant thick yellow flow. He was otherwise healthy—under Cannab. sat. 3, and mercur. solub. 30 in pellets and thuja 12 in drops the pains ceased and the discharge became yellowish-white, but would not stop. On November 28th, sepia 30 was prescribed, 5 pellets night and morning, and the flow ceased about the middle of December.

2. JOURN., EXTER., 1,442.—Johanne, wife of sea captain, H. A. 37 years, living in Vordingborg, began treatment September 12, 1881. She had always as a girl enjoyed good health, had been confined four times, the last four years ago. During the last pregnancy (2d half) her present trouble began, the child was still born. Complains of great lassitude and fatigue, anorexia, eructations, poor sleep, nausea when about to eat and depression of spirits, cramping in pit of stomach going through to the spine. Irregular menses, scanty and



appearing but three times a year at the outside, feeling as if something heavy wanted to come out of vagina, normal stool, a few yellow spots on the forehead. The cervix enlarged but not painful, urine normal. Prescription, sepia 12, three drops morning and evening. On October 28 I received a letter from her announcing improvement, the nausea having disappeared, and sleep being good. Flatulence and slow, hard evacuations. Sepia 30, three pellets morning and evening; to take the medicine eight days then wait four days, and so on alternating. I learned January 17, 1882, that the menses had appeared regularly during the past three months. Her color was fresh and the yellow spots were disappearing slowly, all the gastro-intestinal symptoms had disappeared; good appetite; same prescription, to be taken in the same way. After this everything went well until the beginning of June and on the 15th I received another letter in which she complained of lassitude in the limbs, especially in the knee and ankle joints, associated at times with sharp pains, bloating and poor appetite. As she had taken no medicine for some time, she was given sepia 30 again and since that time has been perfectly well.

3. JOURN., 3,923.—Miss E. H., 50 years, living in Smallegade, began treatment September 5th, 1881. She had enjoyed good health until, 5 years ago, the menses stopped. She complained of giddiness as if she were drunk, pressure in the forehead and sensation of a weight in the eyes. Evacuation slow and hard. Right eye blind and declared incurable by a specialist. Nothing is to be seen in the eye, the pupil is a little larger than in the well one. Headache better in the open air, prescription phosphor. 6, three drops morning and evening, the headaches being a pressure on the vertex with pain going down into the nose.

September 19, her general condition was better and phosphor. was continued, but on September 29, she was worse especially the headache, which showed itself as a pressure and burning in the eyes, and a cloud before the well eye. She complained, at the same time, of a white leucorrhœa worse during the day and of great lassitude. I prescribed sepia 30, three pills morning and evening. On October 10, all the symptoms were improved and she continued the same remedy nine days, followed by an interval of four days without medicine. Finding her well on October 27th, I stopped her medicine, but on November 16th, she had a slight relapse for which she took sepia without intermission, and on December 6th, she declared herself completely cured and has been so ever since.

JOURN., 3, 1 Neg.—Miss M. P., 25 years, living in Vasterbrogade,

began treatment, May 27th, 1882. She had enjoyed tolerably good health until five years ago, when she had chlorosis, and has since been very weak. She is slender, thin and changes color readily. During the past three months she has been poorly and complains especially of beating in the occiput, in the morning and in the open air and worse before and sometimes after the menses. Menses are normal in quantity, but are often followed by pains in the loins, which in turn, are followed by hypogastric pain.

Between periods leucorrhœa, which is yellow, abundant and excoriates the skin. Feels languid and in need of fresh air, for which she opens the windows, thereby deriving benefit.

There is an antiflexion of the uterus and the cervix is sensitive and a little enlarged. She had sepia 30, 5 drops, morning and evening and improved until June 26th, when the headache had almost disappeared. The lassitude had gone and the leucorrhœa, which caused no more excoriations, was less abundant. After this I heard nothing of her until August 24th, when she complained of nausea, loss of appetite, night sweats and sharp pains in the left lung, where I found nothing wrong, however, on examination. I gave her sulphur 30, and afterwards Calc. phosphor. 30, but without apparent improvement. On examining her again, September 22d, 1882, I found positive signs of infiltration at the apex of the left lung (jerky and whistling inspiration, prolonged harsh expiration and some dry rales), and as she complained of being worse in the morning, and said that the leucorrhœa had returned, she received sepia 30, as before, and on November 27th, she felt almost well. There remained but the morning lassitude, which was removed by Calc. carb. 30, and about New Years 1883, she was entirely well.

5. JOURN., 2,641.—Mr. T. L., artillery officer, 36 years, living in Delfingade, began treatment, May 19th, 1880.

Had suffered from his complaint for six months, but had previously enjoyed good health. An allopathic course of treatment with baths of arsenic had been without result; on the scalp, the face, the chest, the back, the arms and the legs, especially on the extensor aspect are found spots and red papules, scattered or in oval groups.

They are covered with white scales, shiny, firm and resembling tallow. Abundant desquamation, the eruption causes little or no pain or itching. No other symptoms, I prescribed sepia 6, three drops morning and evening, and scrubbing with black soap and water (which he had been using), in the morning. On June 2d, the eruption was more pale, on account of which he continued sepia,



but in the 12th dilution, until June 30th, when there was considerable decrease in the eruption on the arms and legs, a scanty desquamation and a decreased formation of scales. On the body the improvement was more slow. I gave sepia in the 30th, to be taken in the same way, and by July 15th, he was free from the eruption. He has not since had psoriasis and is enjoying excellent health.

Before enumerating some cases of lung trouble, in which sepia has done good, I must say, by the way of preface, that the remedy must not be given unless the symptoms call for it, and should not be used empirically or without regard to its homœopathicity.

Sepia seems in many respects, to be closely allied to sulphur in diseases of the lungs but the difference is in the antecedents, for I do not believe that it could not be used successfully when the disease has been proceeded by a scrofulous constitution. Here sulphur, silicea, Calcarea carb. and others ought to be of the greatest value.

That which individualizes sepia is an antecedent uterine inflammation, leucorrhœa and chlorosis. It is essentially a woman's remedy, but may also be used for men who have suffered for a long time from a urethral flow.

6. JOURN., 3,1057.--Mrs. N., wife of a detective, 31 years, living in Griffenfeldsgade, began treatment December 9th, 1881. She had always enjoyed good health and had been confined once four years ago, did not nurse her child, but immediately after her confinement had an inflammation of the uterus and began to cough. The cough was worse in the winter. She complains of lassitude, loss of flesh, some hoarseness with constricting pains in the throat. Dry teasing cough with yellowish-white mucous expectoration which is raised with difficulty. Feeling as if the chest would split during the cough, attacks are worse at night on going to bed. Dyspepsia, palpitation, chills, eructations, pressure in the epigastrium and spine, scanty menses, good appetite. In the right apex, above and below the clavicle, inspiration is harsh and short, expiration prolonged and rough and the heart sounds are intensified; here I prescribed phosphor. 30, five pellets night and morning, and she was much improved at the end of a month. September 12th, 1882, she returned having been poorly for two months, she complained of lassitude, cardialgia, pains in the loins before the menses and during the first day. Menses scanty and pale, frequent desire to urinate and defecate, weight in the vagina, abundant white clear flow, cervix hard and large, slightly elongated and sensitive, uterus low; bellad. 3, two drops, three times

daily. Felt well until January 16th, 1883, when she returned having been poorly for a month; she was feeble, thin, slightly morose, had a dry cough at night, after going to bed and in the morning before arising; lancinating pains in the right side of the chest above the nipple, dyspnœa, chilliness and night sweats, evacuations slow and hard, she received sulph. 30th, three pills morning and evening, followed by four days without medicine until February 16th, when she informed me she had an abundant whitish leucorrhœa. The menses were scanty and pale, she was worse mornings, felt the need of fresh air in her room, but felt worse on going out. Yellow spots on the forehead and nose, bronchial breathing above and below right clavicle, harsh and prolonged expiration, intensified heart sound at this spot. She took sepia 30, three pellets morning and evening until March 16th, and went without medicine until March 27th, after which time she felt perfectly well and has had no relapse.

In this case we see (first) the good effects of phosphor. when the lung symptoms were alone present; later on those of sulph. under similar conditions, but sulph. had no effect when uterine symptoms appeared with those of lungs, showing the true place of sepia.

7. JOURN., EXTR., 383.—Mrs. F., 41 years, wife of a laborer, B. C. J., residing at Ildved, near Jellinge, began treatment, July 22d, 1881.

Has always enjoyed good health, born of healthy parents, confined eight times, last five years ago, every confinement normal. Three months ago had an attack of bronchitis, which she has not been able to get rid off, complains of weakness, emaciation, sharp pains under left clavicle and through to the correspondent scapula, slight dry cough, a burning in the epigastrium, cannot bear black bread, sour or fat foods. Some dyspepsia and palpitation, menses, urination and stools normal. She is tall, slender with sloping shoulders; in the supra clavicular regions and supra spinous fossæ; inspiration is short and harsh, expiration long and rough, heart normal, appetite poor; she was treated in turn with Calc. carb. 12 and 30, and arsen. 6, in pellets until November 12th, when I visited her at Horsens; her appearance was much improved, she looked fresher, the cough, however, was worse and accompanied by thick yellowish expectoration, with lumps like sago; a little hoarseness. The pains were somewhat better, the menses were scanty, occasional leucorrhœa and chloasmata on the forehead, so characteristic of sepia, at times red sand in the urine; cramps, some dyspnœa and nauseates readily while eating. Depression of spirits and often hot sensation mounting to head



followed by lassitude, chilliness and moderate sweat on awaking. I prescribed sepia 30, 5 pellets morning and evening, medicine for ten days and none for five.

She kept on improving and took the same medicine until November 11th, 1882, when she was almost well, having yet a little weakness in the morning, which was removed by Calc. carb. 30, and in January, 1883, she was entirely cured.

I shall now describe a case of chronic right-sided pleurisy. I know that bryonia and cantharis are recommended for this trouble, and they are often the best remedies, but Kunkel, of Kiel, has especially called attention to sepia, and when the symptoms are present, this remedy ought to give excellent results in females.

8. JOURN., EXTER., 462.—Maren Kirstine, 36 years, wife of farmer L. A., living at Sulsere, near Presto, began treatment November 5th, 1881.

She had had chlorosis, at one time, but otherwise always enjoyed good health, she had been confined twice, eighteen months before had an attack of pleurisy, right-sided, and was tapped three times; the first time about a pint was drawn off and the other two times nothing. For some time before the attack had been ill humored and at times irritable.

Complaints of lassitude, heaviness in the forehead and vertex, with pressure over the eyes as of a weight, pressure behind the sternum, dyspnœa, sharp pains under the right scapula through to and below the right nipple, goneness in the epigastrium, tires readily while talking, yellow spots on the forehead, scanty menstruation, torpid stools. The right lung expands less than the left during respiration. Dull percussion note from the right scapular spine to the lower angle, respiration and vocal timbre enfeebled.

Heart normal, appetite poor, she received sepia 30, three pellets morning and night for fourteen days with seven days intermission, until January 23d, 1882. There was then a marked improvement, but she was still troubled with a dry evening cough, and the dyspnœa was rather worse.

She then had sulphur, as above, and then sepia alternating every three weeks, until May 5th, when all the chest symptoms had disappeared and she felt well.

The menses disappeared then and she complained of epigastric distress after eating, and difficult stool; I continued with sepia alternating as above with nux. vom. 30, until July 5th, when the menses were re-established and she was perfectly well. In conclusion I will cite three cures by sepia of more recent date.

9. JOURN., 4, 1,735.—Miss M. B., 20 years, Copenhagen, has been suffering for several years from nasal catarrh, and allopathic treatment with cod liver oil and washings with carbolized water had done no good. Bad odor from nose, but no obstruction; no history of scrofula, otherwise healthy. Began treatment, August 1st, 1883, with Kali. bichrom. 2, then Aurum. mur. 30, and phosphor. 30, until November 15th, but without the slightest improvement. Present condition: odor from nose about the same, yellowish-green discharge, scanty menses, proceeded by an excoriating leucorrhœa on moving about, I prescribed sepia 30, five pellets morning and evening, and in February, 1884, she was entirely well.

10. JOURN., EXTR., 2, 839.—Mrs. H. P., wife of N. P., hotel keeper, residing at Uvelse, near Slangenup. No children. Poorly for three or four years and a pneumonia a short time since; has been treated by a number of physicians without benefit. On beginning treatment, March 2d, 1884, her condition was as follows: heaviness in the forehead over the eyes and in the occiput. Sharp pains and pressure in the hepatic region and up to the axilla, of an intermittent character, appetite, digestion, and menstruation normal, vesical tenesmus, urine comes in jets, chloasmata on the forehead and bridge of the nose, urine reddish-brown and depositing a thick yellowish-white sediment, but containing neither albumen nor sugar, anti-flexion of uterus, heart and lungs normal, sepia 30, five pellets morning and night for four days, then no medicine for four more days, and so on, at the end of three weeks the hepatic pains had disappeared and the urine presented a normal appearance; she kept on with the medicine and by the middle of July was completely cured.

11. JOURN., 4, 2,077.—A. R., five years, son of a grocer in Copenhagen, healthy until three months ago, when the present skin disease appeared. The father had been scrofulous, as a child, but at present shows no signs of the same. Treatment was begun, July 11th, 1884, and the condition was as follows: general health good; on the anterior aspect of both legs, directly over the knee, is a circular papular eruption, dry and squamous, the scales being white and quite firm, but little itching. I prescribed sulphur 30, five pellets night and morning until July 25th, condition was then the same and I gave sepia in like manner, during fourteen days followed by an intermission of fourteen days, and so on until October 2d, when there was a decided paling of the eruption and diminution of the scales. I continued sepia nine days at a time with four days intermission, and by the middle of February the eruption had disappeared and the child was perfectly well.



## TREATMENT OF CHOLERA INFANTUM.

BY PROF. WIDERHOFER, VIENNA.

Translated from the Allg. Wiener Med. Zeitung, November, 1886. By S. Lillenthal, M.D., of New York.

*What indications have we to follow in the treatment of Cholera infantum?* We meet in Cholera infantum processes of fermentation and decomposition in the stomach and intestines; in consequence thereof diarrhœa, followed by collapse.

Our first duty is to prevent fermentation, decomposition, putrescence of the products, and thus prevent diarrhœa in the second stage and loss of serum in the third stage. In relation to prophylaxis our object must be, that such children are not fed by anything which causes fermentation and decomposition, particularly during the hot summer. At that time milk decomposes easily and dyspepsia follows; children who were just weaned, ought to be returned to their mother's breast, before the process of fermentation and decomposition last too long; no other milk is allowable at such a time. We must look out for thorough ventilation; no vitiated air for children. All the water ought to be boiled and cooled again and cool baths or sponging are of great benefit during the hot weather. We may nourish such children with rice water, with mucilaginous drinks, with chinese or japanese tea, beef tea, and be sure to stop all milk as soon as the first symptoms of diarrhœa set in.

To prevent decomposition many advices are given. Zaginsky recommends to wash out the bowels, supposing that the process of putrefaction begins in the colon, but the process begins in the stomach and other authors wash out the stomach and then the bowels. Its effects are uncertain as the use of all antiferments recommended. Some try Kali chlor., carbo veg., aqua calcis, acids, aqua chlorina, lately Carbolie acid, in the dose of 0,02-0,03 daily, salicylic acid, natrum salicylicum, natrum benzoicum, resorcin, etc., but we must confess that their action is very uncertain, and we still hold on to calomel so highly praised by Trousseau thirty or forty years ago, on account of its decisive action on the elimination of bile. In purely serous cholera discharges no bile is detected and the indications for its use in the last stage, when the stools are profuse and serous, where it may be prescribed for a day or two in small doses of 0,005-0.01 every two hours, and if no improvement follows, our treatment must be changed. Others again propose opium for the diarrhœa, but this is risky, for children suffering from cholera infantum become easily somnolent, and opium depresses the activity of the brain, and its influence on the heart and lungs is injurious in large

doses, whereas in small doses it is time lost. Astringents have never done any good, although some claim to have witnessed good effects from Bismuthum. To prevent collapse we must try to keep up the consciousness of the child, stimulate the activity of the heart and lungs and do nothing which might depress the activity of the brain. It is paramount to make good the loss of serum, and for this purpose transfusions with a 0.6 per cent. solution of natrum chlor. were recommended, but they also failed. Can we do better with musk, camphor, ammonia, wine, brandy, coffee, tea? Camphor and musk are drugs, not well borne by the stomach, and we prefer liquor ammonii anisati, which is a good excitant, is well borne by the stomach and acts beneficially on the flatulency; it also leaves the brain free. Alcohol might be used if we only knew where its exciting action ceases and the stupefying one begins, and the latter is objectionable; we do not want intoxication. Our preference is for tea, as it is a splendid excitant, and we give to our children teaspoonful doses of good tea to which some brandy might be added; they like it, it quenches their thirst, which is of some importance in cholera. Cold black coffee in such doses is equally good, and if we only give sugar-water with brandy we might keep off the threatening collapse. Small doses must be given, for larger ones are thrown off. Another excellent adjuvant is a mustard-bath, which, as long as there is no scleroma, is one of our best excitant means. We tie one or two handfuls of mustard in a cloth and stir it up with the hot water in the tub, till we feel its irritation on the conjunctiva and some lachrymation. We then put the child in the tub and leave it there till it becomes red. As long as there is no scleroma the child now turns red as if it had a beautiful erythema, though the redness will never be very strongly expressed. A child who has already scleroma, you may put in a strong bath as long and as often as you please, the skin will retain its waxy color. Mustard baths are, therefore, also a good barometer in relation to prognosis, which remains more favorable as long as the little one turns red in the bath, and sometimes we will be surprised how well they act, for they must be given repeatedly, even eight to ten times, in one day, and notwithstanding the deepest collapse, a resurrection, as it were, is still among the possibilities. The most important symptom in relation to prognosis will always remain the scleroma; where this is considerable everything will fail; where we meet it only in a slight degree our only hope rests in excitantia.

Will it be a fatal error for a homœopathic physician to apply in doubtful cases the treatment with tea plus brandy, with coffee, with water (boiled) and brandy, and at the same time put the child several



times a day in a mustard bath? The mortality of infants during the hot summer months in tenement districts is something fearful, and I for one would consider it unjustifiable if anything was neglected which might have given our little patient a chance of recovery. Such adjuvantia are inadmissible to any member of the International Homœopathic Association, and this the reason why, in honor bound, I could never join the Association, though the will was strong enough, for among their members we find just the men, who know the Organon by heart and who made the materia medica their life-long study. Subjective symptoms are rare in infants; we have to rely on objective symptoms alone, and the selection of the Simillimum often a wish devoutly to be prayed for. It is true, we have a wealth of remedies to select from, but this mine is so rich that even an expert may fail to strike it at the right place. Raue in his third edition gives us for this "summer complaint" forty-six remedies and twenty-four for the threatening hydrocephaloid. It is the depressing heat, this total absence of ozone in tenement houses which we have most to fear, and the quality and quantity of the discharges, whether up or down, are only of secondary importance. If the presence or absence of scleroma is, in relation to prognosis, of so much importance, we may study *apis*, *arsenicum*, *calcareo phosphorica*, *camphora*, *secale*, or *croton tiglium*, *acidum phosphoricum*, and *sulfur* and *cœnothera biennis*. In all these remedies we find the evacuations taking place without effort, for we deal here with a nervous diarrhœa, I might say a brain diarrhœa, and we meet, therefore, such universal symptoms as,—*apis*:—the anus seems to stand open and stools drop out involuntarily; rawness of anus, abdomen sunk in, skin harsh and dry, dirty, withered; waxy paleness of skin; hands cold and blue; stupor interrupted by piercing shrieks; anterior fontanelle open and sunken.

Under *arsenicum iolatum* (we often prefer it to the *arsenicum album*) we read: Intense thirst for cold water which is almost immediately ejected, almost constant watery stools, with inability to keep the sphincter closed, pale and cadaverous face, cold limbs, emaciation and prostration (the guiding symptoms report one case in articulo mortis.)

We add here *cadmium sulfuricum*, that great remedy in yellow fever, likewise more for a summer complaint, for we read here: excessive vomiting and deathly nausea; the vomited matter and alvine discharges of nearly jelly-like yellowish-green masses; excessive prostration, child can hardly move a limb; child sleeps with open eyes; coldness of the body with cold sweat on the face; blueness of skin; burning in stomach and abdomen, showing itself by violent thirst.

*Camphora.* Dry cholera with extreme rapid prostration; pale face; dry skin, not hot; cool forehead, or cold sweat with vomiting; coldness in mouth; great sinking and collapse with desire to be uncovered; pulse filiform and weak; icy coldness all over.

*Coffee tosta.* Vomiting of yellow, sour, slimy, offensive smelling masses; copious offensive diarrhoea; child greatly emaciated, with bloated abdomen; eyes sunken and half open during sleep; convulsive movements of eyes while awake, pulse small and frequent.

*Enothera biennis.* Exhausting watery diarrhoea, evacuations without effort, with great prostration and nervous exhaustion, even with incipient hydrocephaloid.

*Opium.* Vomiting during the heat of summer; child spreads its arms and legs as wide apart as possible, then lies prostrate and helpless; lower jaw drops and eyes are turned upwards; face red or pale; pupils fail to react or only sluggish; patient drowsy as if drugged; stools watery, black, involuntary, offensive; or cholera sicca; skin dry and pale; senile expression of the infant.

*Phosphoric acid.* Greatly debilitating diarrhoea; stools watery, whitish, undigested; abdomen bloated; mouth sore; tongue pale and clammy; face pinched; dark rings around eyes; child weak, pale, cold, faints easily, great exhaustion.

*Veratrum viride.* Disease induced by extreme heat; high fever, intense congestion; face haggard, cold and pulse slow; nose pinched, cold, blue; paleness of lips and nostrils; cold sweat on forehead, smallest quantity of food and drink is immediately ejected; abdomen drawn in; convulsions or coma; skin cold, clammy, bluish, insensible, shrivelled.

We mention so far only a few remedies which are not so frequently applied, though Duncan, Edmunds and Underwood give us many more, and in my own Therapeutics I find the interleaved pages crowded. I am also nearly convinced that every summer season has its epidemical remedy, and blessed is he who finds it out at the beginning of the season, for it will greatly lighten his labors for the time being, but would it be a fatal error, an unpardonable sin, a license against Homœopathy, if we allow our little sufferer a little cold tea with brandy, or even refresh his waning vitality in repeated mustard-baths. License, every honest physician will abhor, but we will always vindicate the teachings of a Carroll Dunham, who preached liberty in all things. Alas! Hering, Dunham, Farrington have departed to get their reward for faithful services in higher and better spheres, and who will take up the work in their sense and for our benefit?



**CHRONIC GASTRIC CATARRH SIMULATING CEREBRAL DISEASE—LAVAGE  
—RECOVERY.**

BY CLARENCE BARTLETT, M. D., PHILA.

Read before the Philadelphia Medical Club.

Mrs. ——— æt 43 years, was referred to me for treatment in July 1886, by Dr. A. C. Rembaugh. Her illness had at that time lasted nearly one year. The beginning of her trouble was headache and vomiting, which had increased to such an extent that at the time of my first visit, she was in almost constant agony. Night after night passed without sleep because of the severity of the pains. These headaches had chosen no special portion of the head for their site although they were notably more severe in the occiput and forehead. To add to her distress, she vomited all food. This vomiting was usually unattended by nausea. It sometimes appeared immediately after eating, at other times not until hours after. Of late, there had been added to her sufferings a most distressing vertigo. The tendency to fall was in no particular direction. She was unable to walk across her room without assistance and even then, it was a difficult matter for her. Since the onset of her illness she had undergone a rapid and progressive emaciation.

Such was the history of the case as obtained from the patient. Examining the case more fully I found that her vision was not what it had been. The failure in sight had been noted especially in the left eye. An ophthalmoscopic examination gave negative results. The pupils were normal. The tongue was very heavily coated with a dirty yellowish coating having an exceedingly offensive odor which pervaded the entire room. The vomited matters were also offensive, having a very sour, putrid odor. The bowels were somewhat constipated. A physical examination of the abdominal cavity was rendered impossible by a peculiar condition of the abdominal walls. For years, she had had an umbilical hernia, for the relief of which, she had worn a truss, which, unfortunately did not fit her properly and had produced by its irritation a large area of induration around the umbilicus. In the right breast, was a hard tumor, undoubtedly scirrhus in nature, associated with marked retraction of the nipple. The patient's disposition was a very unusual one. Notwithstanding her great sufferings, her face bore an expression of marked contentment, one might even say of happiness. Her face was really an index of her feelings, for she always manifested a lively interest in all things concerning herself and family. Her previous treatment which was carried on under the direction of her allopathic physicians had failed to benefit her. Dr. Rembaugh had not treated her long before turning her over to me.

The case certainly offered great difficulties in diagnosis. The intense headache with nocturnal exacerbations, the uncontrollable vomiting without nausea and the vertigo pointed to some intracranial difficulty, probably tumor, while the foul coating on the tongue and the offensive odor of the vomited matters pointed as strongly to gastric disorder. The existence of a cancerous growth in the breast made it not improbable that there might be a tumor of a similar nature in either brain or stomach. Because of the difficulties thus presented, the question of diagnosis was left open, although I was inclined to the idea that the trouble was a cerebral tumor.

The intense headache at night with the vertigo, though not inconsistent with gastric disorder, certainly pointed to the brain as the organ at fault. *Nux vomica* 2x was prescribed; no special directions respecting diet were given. After watching the case for a week or two, the evidence in favor of gastric disorder, the foul tongue and vomit, increased. Then *carbo. veg.* 3x was prescribed and the patient's diet was limited to peptonized milk. Improvement began at once but was very slow. Still the fetor of the breath continued. Large quantities of Vichy water were ordered to overcome the sour belchings and vomit, and with partial success. During all this time the patient's sight was gradually leaving her.

Finally, late in August, washing out of the stomach was proposed to her as the measure most likely to cure her. To this she at once consented. This operation was practiced with her on alternate days for three months with great and permanent benefit. At first, the introduction of the tube caused such violent contractions of the stomach that the water was at once vomited instead of being removed by siphonage. As soon as she was better able to bear the tube, the washing of the stomach was followed by the introduction through the tube of one pint of peptonized milk, which was always retained. The water removed from the stomach in the early part of the treatment was quite dirty and mixed with mucus. Later, it came away clear or nearly so. Within ten days of the time of beginning this treatment, headache and vomiting ceased entirely. General improvement in her appearance was also noted. On substituting *hot* water for cold in the operation, improvement was still more rapid. Gradually she was allowed greater liberties in diet. Beef tea (prepared by steeping raw beef in warm water and muriatic acid), rice, raw oysters, baked potatoes and beefsteak were in turn added to her diet without any drawback. During the time in which lavage was practised the prescription was changed to *kali bi.* 2x because of the very



stringy character of the mucus clinging to the stomach tube on its removal from the mouth. In one instance it formed a string over one yard in length.

During all this time sight has been gradually disappearing until now the patient is able to count fingers only, and that too with but one eye. An ophthalmoscopic examination shows marked atrophy of the optic nerves.

For some little time after the patient got about she staggered considerably when walking. This staggering, however, was not due to vertigo, but to the combination of two other causes, namely: Debility following her long illness and deprivation of the aid of sight. This staggering eventually disappeared. At the present time she is able to walk from her home to my office and back (a distance of one mile and a quarter) without fatigue. She is gaining in flesh every day. Her tongue presents a perfectly normal appearance.

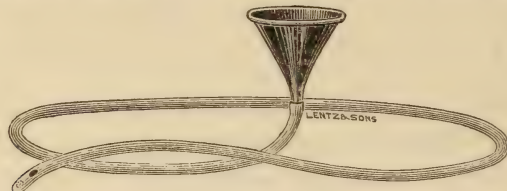
The condition of her eyes remains unimproved. For the optic nerve atrophy, I gave her *argentum nitricum* 3x. This remedy she took for two months without apparent benefit. During the last part of this time I applied galvanism to the eyes. This, too, availed nothing. At present she has complained quite considerably of "buzzing in the ears." For this, I prescribed *salicylic acid*, which she has now been taking but a week or two.

The possibility that the above case might have been one of hysteria may be suggested. Against such a diagnosis we have the general character of the symptoms which were decidedly not hysterical, and also the fact that she hurt herself quite severely in several of her falls in attempting to move around her room. Another of the possibilities we should consider is the existence of chronically contracted kidney. This, however, is positively negated by the urine which contained no albumen, and was normal in quantity and specific gravity.

The above case is a striking illustration of the efficacy of a method of treatment seldom employed in this country, one, too, the neglect of which is certainly unmerited.

Lavage (the technical term for washing out of the stomach) is essentially of French origin, and its use up to the present time is largely limited to the Paris hospitals. The tube employed is of flexible rubber and should measure about five feet in length. Some of these tubes are constructed with a funnel at one end, but this is unnecessary, as a glass funnel may be attached to its outer end after the tube has been introduced into the stomach. To introduce this tube, the operator places himself in front of the patient, who is directed to open his mouth wide and protrude

the tongue. The tube is then passed backwards over the dorsum of the tongue until it enters the pharynx. The patient is then directed to swallow; while he is doing this the tube is pushed onwards until finally it enters the stomach. For the purpose of lubricating the tube



to aid in its introduction, nothing is better than dipping its end into milk. Some writers have suggested vaseline, olive oil, glycerine, etc., but these fatty substances are objectionable owing to the disagreeable taste they leave behind. Having passed the tube into the stomach, the funnel is adjusted to its outer extremity and the water is simply poured in. The funnel is held at a somewhat higher level than the head of the patient. In most cases the water flows readily into the stomach; at times it is prevented from so doing by the air confined in the tube. A little patience overcomes this difficulty. Having introduced the quantity of water deemed suited to the case, the operator watches until the last of the water is about to leave the funnel, when he should suddenly close the lumen of the tube by pressure between the tip of the little and ring finger and the palm of the left hand. The funnel is then inverted over a bucket placed between the feet of the patient. The tube now acts as a siphon and removes the water from the stomach. The washing process should be continued until the water returns clear from the stomach.

Now what are the difficulties of the procedure? On the first introduction of the tube, retching is produced by the irritation of the pharynx by the tube. This may be obviated in a measure by preliminary doses of bromide of potassium or still better by the local application of a four per cent. solution of cocaine. After the first few sittings, however, the introduction of the tube is borne without inconvenience; in fact, the operation may then be performed by the patient himself. Toleration of the stomach is not so easily secured. Care must be observed therefore that too much of the tube is not introduced into the stomach thereby irritating its walls and provoking vomiting. Sometimes in removing the water from the stomach, the flow stops suddenly. In such an event, the tube should be withdrawn an inch or two, when the water will begin to flow again.



THE TISSUE REMEDIES IN THE TREATMENT OF DISEASES OF THE  
AIR PASSAGES.

BY L. A. BULL, M. D., BUFFALO, N. Y.

(From the Transactions of the New York State Homoeopathic Medical Society.)

One year ago, in this place, Dr. Houghton read a paper on the Schüssler Tissue Remedies, giving the results of his experience and asking that others investigate and report. His presentation of the subject greatly interested me, and caused me to study these remedies and their effects, with the result that for the past nine months I have used scarcely anything else. My paper will be in the nature of a report of the remedies, and what I have been able to do with each.

*Calcareo Phos.* I frequently begin the treatment of chronic catarrhal conditions of the air passages with Cal. phos. I find that it has quite a decided tonic action and influences the condition of the membranes for good; in many cases it quite takes the place of Cinchona preparations. In the headaches of children and school girls I rarely need anything else. In the coughs of consumption (chronic), and in the general condition presented in incipient phthisis it does good work. Scrofulous enlargement of the cervical glands frequently yields rapidly to its use.

*Calcareo Sulph.* This remedy I have used only in its catarrhal sphere, *i. e.* where the secretions are thick, yellow, opaque and frequently tinged with blood. Here it acts nicely, quickly clearing up the condition of the mucus glands. One case of bronchitis, in the stage of resolution, was very favorably acted upon by it.

*Calcareo Fluoride.* I have prescribed C. f. in but two cases, which I will let speak for themselves.

Case I. An injury to the tibia of some years standing; the growth which came on the seat of this was very painful and had been diagnosed as osteo-sarcoma by a prominent surgeon, who advised operation. When she came into my hands, some time after, I gave her Cal. fluor., which relieved the pain, and, my latest report, is reducing the growth.

Case II. A man with symptoms of secondary and tertiary syphilis presented himself, showing the inferior turbinated bone and part of the vomer from the right side which he had discharged through the mouth. The odor from the nostril was horrible and was not mitigated in the least by various sprays and the internal administration of Merc. and Iod. pot. Finally he was put upon Cal. fluor., and a

spray of  $H_2O_2$  used once a day to thoroughly clean out the nostril; from this time he began to improve; the sanious discharge ceased, being replaced by frequent effusions of blood, showing that granulation was taking place, and the rapid relief from the odor was proof that the dead bone was being covered by a healthy structure or had been cast off.

*Ferrum Phos.* This remedy disappointed me at first, but familiarity with its action raises it higher (daily) in my estimation. With me it takes the place of aconite, and with this addition that it is good in localized (inflammation) as well as general. I have used it in some terrible cases of pulmonary congestion, and it carried them through without any other remedy being required. With it I have cured the sore throats of singers while they were using the voice daily. I have had to thank Dr. Houghton for the hint given in his paper of last year for singers to dissolve a tablet on the tongue just before singing. Ferrum phos. has stopped a tendency to frequent nosebleed in rapidly growing children.

*Kali Mur.* In the treatment of throat troubles I now give K. m. where I formerly gave the mercuries. I have had no occasion to use it in diphtheria, but in sub-acute inflammation of the air passages it has never failed me, when given according to its indications. I give it much in cases having white coated tongue, superficial abrasions of membrane, thick tenacious secretions of either opaque, white, or of yellowish green. I find it about my best remedy in those cases where adherent crust forms in the vault of the pharynx. In a case of this character it was gratifying to see the eyes were cured of a chronic blepharitis by this remedy, given to relieve the nasal symptoms.

*Kali Phos.* This helped very materially a gentleman who, suffering from a chronic pharyngitis, had a most fetid perspiration under the arms. I have seen it benefit in sleeplessness due to business worry. An old catarrhal subject who came down with sciatica of a neurasthenic type rapidly recovered under Kali phos. and suitable diet.

*Kali Sulph.* My use of this remedy has been confined to catarrhs with the typical yellow slimy secretion; in a few cases it has acted rapidly. I have also used it in cases of running ears when the discharge was thin, of bad odor, and yellow in color.

*Magnesium Phos.* One of the most troublesome class of cases that I have had to treat has been that of chronic pharyngitis with spasmodic cough. These cases come firmly believing that they have



consumption, or some chronic lung trouble nearly as bad. They have a terrible spasmodic cough which they usually refer to the pit of the throat, and of course the lungs are sore from the strain of coughing. In these cases Mag. phos. will often surprise one by the quick relief it will give. In other cases of chronic pharyngitis, with thickening of the post-wall of the pharynx, there is often choking on attempting to eat fast or on swallowing a larger bolus than usual. In this class Mag. phos. also gives great relief.

*Natrum Mur.* One case of nasal catarrh which I was treating with N. m. told me that it caused a very manifest reduction in the size of a hydrocele, with which he had been troubled for years and which had been frequently tapped. In catarrhs where there is a thin watery discharge, worse on going into the cold and on exertion, N. m. works best.

*Natrum Phos.* This remedy I have used but twice, and then as an intercurrent when gastric symptoms, acid risings, etc., came on. I gave it on the indication of the yellow coat at base of the tongue and got relief.

*Natrum Sulph.* Use of this remedy has also been confined to prescribing for intestinal troubles, occurring in cases under my charge, for catarrhal complaints. But in dispensary practice I have seen two cases of photophobia in scrofulous ophthalmia resist almost everything else and be relieved by N. s.

*Silicea.* The best results obtained by me during the past year have come from silicea. Several were in cases of chronic pharyngitis, complicated with constipation, in one case of twenty-five, another twenty years, and a third still longer standing, these cases were *cured* with silicea. The first case dates back to a traumatic paralysis from the waist down. The paralysis passed off but left constipation. Another case, a man, a hay fever subject, spoke to me early in the spring about his feet, they were so insufferably tender. A prescription of silicea cured him of this distressing feature, and when his hay fever time came I gave him the same remedy with the gratifying result of almost entirely relieving him. He had, after severe exposure, some running of the nose, and on the hottest day of the summer some sneezing and burning, otherwise he was able to attend to his business and be exposed as never before.

In conclusion let me say that he who thinks that, because there are but twelve remedies, he thereby finds things easy in the way of correct prescribing, is very much deluded, and will certainly find it out very shortly after beginning such practice.

## A CASE OF ENCYSTED FOREIGN BODY OF THE IRIS.

BY A. B. NORTON, M. D., NEW YORK.

(From the Transactions of the New York State Homoeopathic Medical Society.)

Frank D——, æt. 15 years, Bristol, Conn., was sent to me at the New York Ophthalmic Hospital, on Sept. 7th, 1886, with a history of having been struck in the eye with a peach stone some two weeks previous.

He had received no special treatment, having only seen his physician the day before, who immediately referred him to me. Upon examination I found the eye very red, from both conjunctival and scleral injection.

The iris was swollen, discolored, and adhered to the lens capsule; pupil was contracted. There was a small amount of pus in the anterior chamber, and at the pupillary edge of iris; extending outwards from the pupil was a small yellowish-white spot, a little larger than the head of a pin, which looked like a drop of pus resting on the iris. He had had no pain in the eye from the first, and the cornea showed no evidence of having been wounded. The case at this time was diagnosticated as traumatic iritis. The patient was taken into the hospital, a cotton pad applied to the eye, atropine used every hour, and internally he was given hepar.

For the first ten days he was in the hospital (contrary to all expectations) he made no material improvement; the hypopion cleared up, but the redness and the spot upon the iris increased a little. Then (while still under the same treatment) the yellowish mass began to decrease, and in a few days had almost entirely gone, while the redness of the eye was but little noticeable.

Oct. 2nd. About one week ago the improvement ceased, and the eye began to retrograde and the cyst began to increase again. At present it is about the size of a split pea, reaching from the pupillary border to nearly the periphery of the iris, and is so prominent as to lie in contact with the cornea.

Oct. 24th. Various remedies and applications have been used with no benefit; there is no change in the appearance of the mass since last date. The cornea has become a little hazy, and blood-vessels are seen extending from the outer border of the cornea to the point of contact of the cyst with the cornea. Under the influence of cocaine I made an incision through the cornea, at its outer side, about two lines from its periphery, and with the iris forceps grasped the tumor (which was fluid), its walls breaking, and the contents became diffused



over the anterior chamber, acting as though encysted. At this time found no foreign body.

Oct. 30th. Eye healed quickly after the operation of the 24th, but the tumor soon refilled and assumed the same shape and appearance as before. To-day I again made an incision through the cornea with an iridectomy knife, passing the knife directly through the centre of the mass. On withdrawing the knife blood and cystic fluid poured out. I then inserted a hard rubber scoop and removed from the mass a foreign body, hardly the size of a pin's head, which proved to be a small piece of a peach stone, evidently the fine point at the end of the stone. After the removal of the foreign body the eye began to grow rapidly better, so that the patient was soon discharged from the hospital.

Dec. 22d. His physician wrote me to-day (in reply to my letter of inquiry) that there was then scarcely any redness of the eye-ball, the cornea was clearing up, and some vision was returning.

*Remarks:* This case is reported not as having brought any glory upon his physician (or I might say physicians, for he was seen at different times by every member of the staff of the Ophthalmic Hospital), but rather as a warning in future cases. The fact of a foreign body being in the eye was often discussed, but as often discarded, because from the nature of his injury (being struck with a peach pit), could not believe that any portion of it had penetrated the eye; further, the cornea showed not the slightest abrasion from the first, and nothing could be seen in the iris.

Foreign bodies in the iris are apt to cause cystic tumors by a doubling up, or a folding over of the iris upon itself, with a retention of aqueous humor secreted by the iris, and a gradual distension of this fold. They have a tendency to increase in size, endanger the eye, and even threaten the other eye through sympathetic irritation. Foreign bodies have become encysted in the iris without causing any irritation of the eye, but this is so extremely rare that we are not justified in allowing them to remain. The treatment should be to remove the foreign body at once, and I believe in this case of mine, if the foreign body had been recognized and removed when he first came under my care, that the results as to vision, etc., would have been more favorable, but it was with me, as with one of the older surgeons, who remarked that no similar case had ever fallen under his observation, and although the final results demonstrated that the eye should have been opened earlier, at the time the indications did not point to any operative procedure.

## DRINKING WATER AS A VEHICLE FOR CONVEYING THE GERMS OF DISEASE.

BY H. L. WALDO, M. D., WEST TROY, N. Y.

(From the Transactions of the New York State Homoeopathic Medical Society.)

In the present state of sanitary and medical knowledge, and before such a Society as this, it would seem almost as though an apology were due for presenting for consideration such a worn out subject as the above, or for presuming to take the time of medical gentlemen in discussing a subject which has been so ably and exhaustively handled by so many of our profession.

My only apology is that the laity, almost without exception, and our profession, in a great majority of instances, live in utter disregard of the facts relating to the contamination of drinking water, and have no idea of the importance of a pure water supply. Large cities are wholly supplied from a river which not only contains the sewage made in the city itself, but contains all the sewage of large cities but a few miles distant, and members of our profession can be found who are willing to say that no danger is likely to result from the use of such water. Wells are dug within fifteen feet of sewers and old wooden drains, and within a few yards of privy vaults, and medical men of my acquaintance say that they are fit to use.

A medical friend of mine was called several miles into the country to see, in consultation, an entire family sick with typhoid fever. He took dinner at the house and drank several glasses of water from the family well; as a result he had a long siege of typhoid. When asked how he had been exposed, he could not tell, and the dangers of drinking water from this well had never occurred to him, until they were pointed out by a medical friend weeks afterwards. These are my reasons for calling your attention to this much discussed subject.

I think that there is no longer any medical man who doubts that typhoid fever and cholera are contracted by breathing or swallowing the germs which have been contained in the excrement of former subjects of the disease. That these diseases never originate *de novo*, I shall not at present assert, but that, when once they are in existence, they are communicated, as I have indicated above, I believe no one will dispute. There is a city in this State of nearly one hundred thousand inhabitants, which for years has had a water supply from a river. From three to five miles above this city is situated a population of over one hundred thousand which has a very complete system of sewers into which are discharged thousands of water closets, besides all the washings of streets and all the filth of a great city. Think of



the millions of intestinal parasites which are annually discharged through these sewers. Hundreds of cases of typhoid fever occur annually in this city, the discharges from which are thrown into these sewers. How can it be possible that the city below can escape drinking these parasites and germs? It is well known that they retain their vitality for weeks and months. It has been demonstrated beyond discussion that diluting the fluid which conducts them does not destroy their vitality, and exposure to the air increases rather than diminishes their virulence. How many germs of typhoid fever would it be necessary to swallow to produce the disease? How many particles of cuticle from a scarlet fever patient would be required to start a new case? These germs would be transported from one city to the other in a few hours. Experiments and careful observations made in Europe by the best experts in the world, have demonstrated that dilution of contaminated water does not greatly modify its power of conveying disease, and that after being carried one hundred miles, in a running stream, it was as harmful as at the start. Recognizing this very fact, immense sums of money are being spent this fall and winter, in England, to construct buildings and apparatus to disinfect and render harmless sewage which enters their rivers. I will not take the time of this Society to cite, from medical literature, the hundreds of cases which are on record, where disease has been traced to a contamination of the drinking supply miles away. You are familiar with them.

An error which the laity almost universally commit, and into which the profession is likely to fall, is that of placing confidence upon the results of a chemical analysis. It has been triumphantly asserted that a chemical analysis has proven the waters of a certain stream to be potable, and that therefore no further discussion is allowable. It has been noted in numerous instances that disease has been conveyed by water in which no adequate contamination could be detected by chemical analysis, and in which the microscope failed to show the germ which did the mischief. The only test for potable water should be absolute freedom from sewage contamination.

In most of the villages and in many of the cities of this country, wells are in frequent use. We almost invariably find them located without any regard to protecting them from drainage. I have seen recently, at a farm house, a well fifteen feet from a privy and no farther from the place where all the slops were emptied. In West Troy the wells are all of them in the gutters, and most of them at the corners of the streets; at the present time, the stone work around one of

them is being disturbed, eight feet below the surface, in the construction of a sewer, and yet a medical man who points out the dangers resulting from such sources is not believed, and is even accused of having at heart other motives than the public good. It is a common fallacy to suppose that by passing through a few feet of earth water is relieved of its impurities.

In extensive epidemics of cholera and typhoid fever, it has often been noticed that only those persons were attacked who used a certain contaminated water supply. Epidemics of cholera have been particularly fatal and frequent in Holland, and it has been noticed by Ballot, of Rotterdam, that these epidemics have been confined to those sections where contaminated rivers, wells, or canals have been used as a water supply. In those sections of Holland where cistern water alone is used, cholera has never prevailed except as imported cases have occurred.

It is our duty as physicians to take high and positive ground on this matter. We should never omit to call the attention of people to the dangers they incur, and particularly when public works, which are to furnish water for a large community, are being constructed.

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## TWO CASES OF CHRONIC GLAUCOMA WITH VIOLENT ACUTE ATTACKS.

BY BUSHROD W. JAMES, M. D., PHILADELPHIA.

Within the past six months I have met with two rather peculiar cases of glaucoma, which seem of sufficient interest to report :

### GLAUCOMA FULMINANS.

CASE I. Miss F., æt. 50. Glaucoma of right eye, the first attack of which occurred six years ago following the instillation of atropine, which was employed in testing the refraction, the right eye being hyperopic and the left astigmatic. The glaucomatous symptoms were controlled by the use of *R. eserine sulph. grs. ss., aq. rosæ, gutt. l.*, and did not recur until about five years later, during an attack of seasickness attendant upon an ocean voyage. They were again overcome by the use of eserine. A year elapsed before another attack came, and this followed a severe strain upon the health, caused by prolonged nursing of an invalid sister ; eserine was again resorted to, but gave only temporary relief, as the attacks had recurred at intervals of a week for about three months, when the patient came under my care. Since then she has had but two slight attacks. The only internal remedy she has received is gelsemium, and under its influence the glauco-



matous symptoms have been relieved and the general health improved. The patient has never suffered from acute pain in the eye, and the attacks have been sudden, the dimness of vision becoming profound in fifteen minutes after being first noticed, and being quickly relieved (in a few hours) by the use of eserine. I am not alone in the diagnosis of this case, although the homœopathic remedy acted very promptly at a time when the instillation of eserine, as advised by the old school oculist, was failing in its controlling influence. Von Graefe said it is a very rare form of disease, and might in half an hour from the outbreak destroy even all quantitative perception of light.

#### ACUTE ATTACKS IN CHRONIC GLAUCOMA.

CASE II. Miss W., æt about 50. Consulted me about her eyes in September, '86, she had been suffering for some months previous with what had been diagnosed as "malaria" and "nervous prostration." When I first saw her the vision was much diminished, o. d. 3-cc.; o. s.  $2\frac{1}{2}$ -cc.; field of vision considerably decreased; t. + 3. Eserine was instilled, and internal remedies exhibited with no benefit, six days later cyclotomy was performed upon both eyes, giving immediate relief, which lasted for about six weeks, when the symptoms returned, and were again relieved by a similar operative procedure; in about a month the symptoms returned, cyclotomy was again resorted to, but this time the relief was but slight, and a week later iridectomy was performed on right eye, and cyclotomy upon left. The tension has remained normal since that time (two months ago), and the vision in the left eye somewhat improved. The eyes are kept under the control of a weak solution of eserine applied every second or third day. The patient's general health has improved. The principal remedy employed has been aconite. This case, like the first, has been painless, showing how treacherous the disease may prove in the hands of one unskilled in ophthalmology.

#### CASE OF DIABETES MELLITUS.—CHELIDONIUM.

BY C. E. JAECKEL, M.D. JERSEY CITY, N. J.

MR. E. D. S.—æet. 40, by occupation a drover, who travelled about the country selling cattle, consulted me on January 13, 1886, for the following symptoms:

Naturally of a very genial and "jolly" temperament, he is now sour, melancholy and morose. Cannot apply himself to mental labor. Mind clouded. Face sallow and jaundiced. Tongue flabby, coated white. Flat, sweetish, pappy, "nasty" taste in mouth. Lips con-

stantly dry. Great thirst, drinking large quantities of water. Appetite good but digestion poor. Bowels constipated with no desire for stool. Passes very large quantities of urine of a very pale yellow or greenish color. Urine coming in contact with linen stiffens it like starch. Sexual desire entirely gone. Legs very weak; requires great effort to go up stairs, which is accomplished very slowly. Pain under right shoulder-blade especially after working, or after riding in a wagon. Urine examined and found to contain sugar in large quantity.

Diagnosis—Diabetes mellitus. *R.* Chelidonium 2x and “diabetic diet.”

I might say here that Mr. S. had been treated in the last year and a half by prominent physicians of the Old School in various parts of New York State but received no benefit.

I would also say that the patient's father and sister died of diabetes mellitus.

*Jan. 28th.*—Somewhat improved. Mind clearer. Can apply himself to mental labor and feels stronger physically, so that manual labor does not tire him as previously. Can mount the stairs as fast as anybody almost. Complexion clearer. Thirst not so great. Stool every day but hard and dry, requiring straining. *R.* Chelidonium 2x continued.

*Feb 4th.*—Improvement continuing. Sweetish, “nasty” taste nearly gone. Bowels move once a day but are constipated and difficult to relieve. Pain under shoulder-blade not so constant. Less thirst than last time. Appetite good. Increased strength in his limbs. Complexion much better. Coating on the tongue disappearing. The urine contains about the same amount of sugar and is about the same in quantity. *R.* Chelidonium 2x continued.

*March 18th.*—Greatly improved. Tongue about normal. No disagreeable taste in the mouth. Thirst almost entirely vanished. Great decrease in the amount of urine passed, which contains much less sugar. Bowels move every day but are very constipated. Does not have pain under shoulder-blade except after hard labor. *R.* Sulphur 6x to be taken twice a day for three days, after which continued chelidonium 2x.

*April 9th.*—Still improving. Tongue clean. No bad taste in mouth. Not much abnormal thirst. Feels stronger. No pain under shoulder-blade. Stools less constipated. Urine found to contain less sugar than on previous examination. *R.* Sulph. 6x, six powders after which continued chelid., 2x.

*April 28th.*—Feels “first-rate.” Bowels regular and nearly normal. Urine almost normal in quantity with a little less sugar than before. *R.* Chelid. 2x.



May 20th.—Same. Bowels more constipated. R. Sulph. 6x for constipation, and uranium nit. 2x to follow.

July 9th.—Not quite so well. Pain between shoulders. Bowels constipated. Stools hard, dry and brown. Urine nearly normal in quantity and containing much less sugar than last time. Appetite fair. R. Bry. 3x for constipation and uranium nit. 2x continued.

From this time forward the patient steadily improved, and when I saw him last—which was some time in August, 1886—he said he felt “first-rate,” and on examination the urine was found to contain but a “trace” of sugar.

Through relatives of the patient I ascertained, on Nov. 25th, that “he is well now and does not need any more medicine.”

## Correspondence.

### THE NEED OF AN INTERNATIONAL PHARMACOPŒIA.

1011 ARCH STREET, PHILADELPHIA.

EDITOR HAHNEMANNIAN MONTHLY:

In your March number Dr. Wyborn, in reply to my last letter, states, among other things, that there have been cases where a well-selected remedy, apparently clearly indicated, failed to respond, and he thinks that such failures, sometimes, at least, arise from the absence of some ingredient from an imperfectly prepared tincture. This carefully qualified statement cannot be questioned. However, many physicians, doubtless, have met with cases where a low preparation of a well-selected remedy failed to respond, while a high potency would give prompt relief, and vice versa. Again, there are some, especially chronic, cases where an absolute lack of responsiveness to the most carefully selected homœopathic remedies seems to exist. Or again, a patient, owing to a peculiar dyscrasia, may not be impressible by a given remedy just as another may be peculiarly sensitive to its action. A lady of my acquaintance is so promptly affected by *nux vom.* that if pellets, medicated with a high or low potency, be put into a milk-sugar powder, and blank pellets be put in other powders, and all of them numbered, she will invariably detect the medicated powder within a few minutes after taking it. These are some of the conditions which may obtain and which must also be taken into consideration.

In this connection I will relate an incident which occurred six or seven years ago: A physician casually discovered that his aconite tincture failed to produce the tingling sensation peculiar to it when

applied to the tip of the tongue. He then took several drops of it, and, finally, over thirty at one dose without producing any marked effect, toxic or otherwise. What then puzzled him was how to explain the fact that for the six weeks preceding, *dilutions prepared from this same tincture* had proved as efficacious as usual in his hands. Others were then induced to try this tincture, and while one man took sixty drops with impunity, three drops from the same bottle produced in another a high fever lasting nearly two hours. This tincture had been made from the expressed juice of the plant grown in a very wet season, and as aconitia, the toxic principle of the plant, is soluble in alcohol but not in water, only traces of it are found in the juice. As early as 1845 Fleming, in a treatise on *Aconitum Napellus*, recognized these facts; and he further states, on page 80, that of a homœopathic tincture made from the juice of the same plant, as many as thirty minims had been taken at a time with impunity. It is evident, therefore, that the medicinal properties of this plant rest not alone nor chiefly in the alkaloid aconitia, but that the extractive matter and volatile constituents are of equal importance. It differs in this respect from *pulsatilla*, in which the medicinal virtue seems to be confined altogether to the volatile anemonine, a camphor-like substance which is only obtained from the fresh plant juice, and which is lost altogether by drying the plant. For this reason tinctures from the dried herb are absolutely inert. Dr. Wyborn mentions, as a sample of a complex pathogenesis, that of *belladonna*. There is not another of the plant-juice remedies which shows as great a diversity of preparations from which symptoms are recorded.

Mr. Alfred Heath, of London, in a letter on the same subject, in the same number of the *HAHNEMANNIAN*, sides in the main with my views on Hahnemann's methods of preparing remedies. Among other things he suggests some modifications in the preparation of plant-juice tinctures in that he would set aside the expressed juice for a few days and meanwhile macerate the press-remnant with the proportionate quantity of alcohol, then express and mix the liquids. This process might, perhaps, be applicable in the temperate climate of England, but would not do here. For in this country, with cellars dug only exceptionally deeper than ten feet below the surface of the streets, the juice would commence to ferment within five or six hours on a hot, close day; and to put into a refrigerator would be equally objectionable. Mr. Heath seems to think that Dr. Wyborn, or what is the same, the B. H. P., directs that plants should be dried before being made into tincture. This is a misapprehension, for it is stated that only a sample should be dried for the purpose of ascertaining the amount of water it con-



tains, according to which the requisite amount of water is to be calculated.

I believe that a middle ground could be readily found for the *International Pharmacopœia*.

The B. H. P., puts forth as of paramount importance that it be known what proportion of the soluble constituents of the dried plant is represented in a given quantity of tincture. It is admitted that this gives but an approximate indication of its strength, and that nothing short of an assay of the alkaloid would give definite information. But why is it so much more to be preferred that the proportion of the *dried* plant in an ounce of tincture be known; why not substitute for it the *fresh* plant? It would be much simpler and quite as satisfactory. It would be accomplished by making but slight changes in the present processes. By taking to every pound of the fresh plant, one pound or if preferred, two, of alcohol, diluted or otherwise, and making the tincture in the usual manner, by maceration or percolation, and afterward adding sufficient alcohol to bring up the whole to two or even to three pounds. Then two, or three, minims of the tincture will contain the equivalent of one grain of the fresh plant. And a preparation would be obtained of about as definite a strength as by the other more complicated process. This, it strikes me, would be the simplest solution of the problem. If three pounds of tincture were made out of one of given plants, it would approximate in strength those made according to the Hahnemann Class III, of 330 fresh plant tinctures of the pharmacopœia. His are made according to that class, including, with one or two exceptions, all of the American remedies. Carl Grüner advocated the general adoption of Class III in his pharmacopœia thirty or more years ago, and made all of his fresh plant tinctures in conformity therewith. And as it is known that his preparations are used very widely and give good satisfaction, this new departure need not be looked upon as being in the nature of an untried experiment.

Tinctures from dried drugs could be made in the proportion of one part of the drug to five or ten of alcohol; the former would be according to Hahnemann, the latter according to the B. H. P. This could readily be arranged.

The part descriptive of the remedies in the two pharmacopœias could be retained, while the description of the processes would have to be re-cast. Trusting that this may help to indicate a way in which a mutual understanding may be arrived at, I remain,

Truly yours,

A. J. TAFEL.

## MODERATE (?) DRINKING VERSUS HEALTH.

EDITOR HAHNEMANNIAN MONTHLY :—

Your editorial "The Temperance Question in Medical Journalism," in March HAHNEMANNIAN is a great satisfaction to at least one of your subscribers and, I am happy to say, fellow temperance cranks and fanatics. That you are not too timid to throw open your columns to the free discussion of the irrepressible alcohol question is a gratification. Since you make your contributors the sinners equally with the editors we will plead guilty and try to reform and let you hear from us.

It does not require medical men to strain a point of medical ethics to enter fully and heartily into this alcohol discussion, and, as an illustration of this position, I would call your attention to the following extracts from a paper by William Hargraves, M. D., "On the scientific basis of alcohol" as published in *The Lever* for February 1887.

## STATISTICS OF MORTALITY, ETC.

"It has been shown by life insurance and other statistics in England that the health of total abstainers is one-half better than that of moderate and free drinkers together; and that the life of abstainers is increased one-third, or on an average fifteen years, as compared with moderate drinkers.

The statistics of the United Kingdom Temperance and General Provident Institution, show the superior value of the lives of total abstainers, compared with those of moderate drinkers. The lives insured are divided into two sections, viz.: 1. Total abstainers. 2. Moderate drinkers. The two sections are alike in all other respects, something over 20,000 being insured in the general section; and 10,000 in the temperance section. The returns for fifteen years ending 1879 show that in the general section 3,450 deaths were expected and 3,444 deaths took place; while in the temperance section 2,002 deaths were expected and only 1,433 took place. Thus while in the general sections there were only six deaths less than expected, in the temperance section there were 569 deaths less than expected.

During the year 1879, the expected claims in the temperance section were 195 deaths for £40,844, and the actual claims were only 164 for £28,690, while in the general section 305 deaths were expected for £64,343, and the actual deaths were 326 for £74,950. There were eleven (? ED.) deaths less than expected in the temperance section, and twenty-one deaths more than expected in the general section. By a



comparison made some years ago between the above-named temperance section and four general insurance companies, by the late Dr. Carpenter, it was found that while the mortality of the four companies averaged fifteen deaths per thousand, the temperance section was only seven and a half per thousand. It must be borne in mind that the foregoing comparisons show the difference in the rate of mortality between total abstainers and moderate drinkers, for no insurance company will insure the lives of the intemperate.

Then again, while the average duration of life of all ages in England is forty-two years, among the Society of Friends it is fifty-five years. This is doubtless due chiefly to the fact that many are total abstainers and the remainder nearly so. You may say: There are persons who use some kind of intoxicating drinks regularly all their lives, and yet live to a good old age.

That may be all very true, but the number who have been early carried to their graves by drink is not known. There is not the least doubt that the advanced age of some regular drinkers was due to their originally strong constitutions which enabled them to resist some of the poisonous effects of the drink; but it has doubtless been felt more or less by their offspring. A gentleman well advanced in years, a moderate drinker, one of Bishop Berkeley's "devil decoy ducks," on one occasion boasted of having drank a bottle or two of wine daily for fifty years, and he was hale and hearty as ever. "Pray," remarked one of the by-standers, "where are all your boon companions?" "Ah!" he quickly said, "that's another affair. If the truth must be told, I buried three generations." He had lived awhile by reason of his strength, but his companions had fallen by the way.

There are numerous diseases caused by alcohol that the people know nothing of, and the doctors as a rule say little about it, whatever the majority may think; for when persons die of many of these diseases the death is recorded but not the cause, for though alcohol may have been the primary cause, it is not named, but is covered up by the name of some of the many diseases which would not have existed but for alcohol.

The effects of alcohol may be more clearly seen by comparing the mortality of persons engaged in the liquor trades with that of those in other occupations.

By the report of the Register General of England, from the ages of twenty-five years to forty, the mortality of persons in the liquor trade is twice that of farmers and graziers. People in the liquor business as a class and as a rule, live in warm comfortable dwellings, have plenty of food, and are not exposed to all kinds of weather, at all

times, day and night, as are policemen, railway men and others; yet notwithstanding their favorable circumstances, 138 persons in the liquor business die to 100 of the whole population engaged in seventy of the other leading occupations. Even of railway men exposed to so many dangers, only 121 die to 138 liquor dealers, or persons engaged in the liquor trade. Dr. Monroe, of England, comparing the sickness and death rate of two large societies under his charge, one composed of total abstainers and the other non-abstainers, says the total abstainers have much better health and fewer deaths than the moderate drinkers. In the non-abstaining society the average of sickness the last year was eleven days and twenty-one hours, and the deaths one and one-half per cent. In the total abstaining society the sickness did not average over one and three-fourths days and the deaths only two in five years, or less than one-fourth of one per cent. The various diseases in both societies were treated by Dr. Monroe without alcoholic liquors.

Dr. F. R. Lees, in a paper read at Bradford, England, June, 1880, compared the mortality of the Rechabites of Colne Tent with the Colne Wesleyan Friendly Society and the Bradford District of Odd Fellows with the Bradford Rechabites, by which we learn that the average sickness of the Rechabites for ten years was five days and eighteen hours, and the average death rate 9.9 per 1,000. The average sickness of the Wesleyan Friendly Society was ten days and nineteen hours, and the average death rate 13.9 per 1,000. Showing a gain in favor of total abstinence of five days and one hour of sickness and a less death rate by 4 per 1,000. In the Bradford District, the Rechabites' average sickness for eight years, was four days and two hours, the death rate 1 in 141, and payments averaged 5 s., 9½ d. The Odd Fellows average sickness for eight years was thirteen days and ten hours, the death rate 1 in 44, and payments averaged 13 s. 1 d. Thus there was a gain in favor of total abstinence of nine days and eight hours sickness, the death rate more than two-thirds less, and a saving in payments of more than 7 s. or (\$1.75) per member.

It may be safely said that the rate of sickness and death of the countries of Europe and America, other things being equal, is in proportion to the use of alcoholic beverages, and the facilities for obtaining them. It will be no exaggeration to say that nearly one-half, or at least one-third of the avoidable sickness and premature death, in most civilized countries, are directly or indirectly due to the use of alcoholic beverages.



In conclusion my medical brethren, let me say the question of alcohol as a medicine is, I believe, more important than any other before the medical profession.

There is no article in the *Materia Medica* that produces such baneful effects, when outside its *medical necessity*; wherever the *boundary of its necessity may be*.

As the medical profession is the guardian of the public health, it must teach what will prevent disease, as well as cure, if it would fulfil its whole duty. It is only the medical profession that can free the world from the many false ideas regarding alcohol. It may be said that medical men do not all agree as to the nature and effects of alcohol. For that reason the American Medical Temperance Association was formed as stated in Art. II. of Constitution, viz: "The aim of the Association is to promote and conduct investigations as to the *effects of the employment and non-employment of alcohol in health and disease.*" This is the aim of the Association, and we ask the co-operation of every member of the medical profession. All can meet on this broad and humane platform; as we have no private or selfish ends to serve, nor peculiar views to extend. We are seeking for the truth in relation to the nature and effects of this one chemical agent—alcohol—which, in the language of Mr. Gladstone, *has inflicted more evil on the human race than war, pestilence and famine.* If this be true—and undoubtedly it is true—the great and important question for our Association and the medical profession to solve is: *Is there any good in this agent to compensate for all the evil?* If there is *no compensating good* in alcohol for all the evil, as members of the God-like, Christ-like profession of medicine, it is our duty to do all in our power to banish from our land and the world this terrible agent; or, failing in that, at least to proclaim to the world its true nature, and what it does, that the masses of mankind shall not remain in ignorance of the results of its use. Nor let the medical profession be charged in the *future as it has been charged* in the past, with aiding in the promulgation of the erroneous beliefs of the benefits of the use of alcoholic beverages."

Though the doctor's death certificate may not show it, we know that at least 100,000 (carefully estimated) victims die yearly from alcoholic poisoning in these United States. Even our most destructive diseases cannot surpass these figures in fatality; indeed, alcohol enters as a most powerful factor in them all, either to initiate or terminate the disease, and far too often by the doctor's advice or prescription.

In the London Temperance Hospital the exclusion of alcohol has been proven to work an immense advantage to the sick and afflicted. Alcohol is also excluded by fundamental laws from the wards of the Maternity Hospital of the Woman's Homœopathic Association of Pennsylvania, to the very great advantage of all concerned.

Of all persons the doctors should give out no uncertain sound on the alcohol question, but too many of them are time-serving and indifferent. In our recent Sanitary Convention in Philadelphia, many important subjects were introduced for discussion, but the alcohol question, the greatest and most important of them all, was handled in a very timid and remote manner. Underdraining and ventilation, germ theories and swill milk were ably discussed, but the devastations of all these, compared with the destruction caused by alcohol, is altogether insignificant. Let us arise to the responsibility of the occasion!

At a recent meeting of the Philadelphia County Homœopathic Medical Society, the following resolutions were adopted without a dissenting voice and this too, is a hopeful sign of the times.

WHEREAS: Alcohol in all its combinations as a beverage is a monstrous and dangerous poison and its general use the most destructive and debasing of human indulgences and a parent of all forms of vice.

WHEREAS: The whole body politic, both religious and secular, is like an army in war times, callous to suffering and bloodshed, and has become mentally and generally paralyzed in the presence of the slaughter caused by alcohol, it is therefore

RESOLVED: That we as physicians, who are, or should be, conservators of the public health, are fully persuaded that alcoholic beverages are the most potent and destructive to human life and health of any known agency, including war, pestilence and famine, and therefore feel it to be our duty to enter our solemn protest against their use.

RESOLVED: That we hereby pledge ourselves to use every means at our command to suppress the evil manufacture and traffic.

RESOLVED: That our youth should be incessantly guarded and protected from its luring temptations and its twin evil the tobacco habit, so that they shall find it more difficult to start on the wrong path than on the right and safe one.

A. C. R.



## Editorial.

### AN OPPORTUNITY AND A RESPONSIBILITY.

In the New York *Medical Times* for March, appears a letter from the pen of Dr. Eldridge C. Price, of Baltimore, some of the sentiments of which are so much in accord with our own views that we propose to use them, not exactly as the text for a sermon, but as a peg upon which to hang an editorial. The writer says:—

"The reason why the conscientious, thinking graduates of many of our homœopathic colleges are disappointed and disgusted at their inability to compete in all cases with their older-school brothers, is because nothing has been taught them of therapeutics but dynamic medicine. They consequently believe that with a case of well-selected 30ths, and possibly a few 12ths and 3rds, they are properly prepared to practice medicine. The bubble soon bursts; it is only a question of time. \* \* \* They are taught that medicine is a science, and that Homœopathy is the science of Therapeutics, and that after having studied according to the instructions of their professors and the text-books, the man who fails to cure all his cases homœopathically, has not profited by his opportunities or else he is a mongrel. The consequence is, that having failed to maintain the high standard set for him, and adopted by him, he quietly hides the fact that he has used some means other than homœopathy with which to cure these cases. \* \* \* The starting point in ethical retrogression of this kind is the primary yielding to the temptation to conceal all treatment that may be criticized as unhomœopathic. \* \* \* The remedy in my opinion, is the announcement by all our medical colleges, broadly and fearlessly, that homœopathy is taught by them *and more* (with a detailed statement explaining this 'more') \* \* \* I believe there are other means of safe and permanent cure of disease than the Hahnemannian, but where Homœopathy is applicable, I believe no other system of therapeutics will fill its place. Let all

our homœopathic colleges teach homœopathy as thoroughly and as fully as possible, but let them also teach when to apply other therapeutic principles. It may be that the necessity will rarely present itself to the intelligent believer in homœopathy, to resort to any other than the system of similars, but when that rare necessity does stare him in the face, in the name of liberal medical progress, charity and humanity, let the practitioner know what to do and how to do it" etc., etc.

While some of the above quoted statements seem to be just a little too energetically formulated, there can be no doubt that their writer has quite accurately described a condition of affairs which really exists and which is doing no little mischief to the cause of medical progress.

Before proceeding to discuss our subject, however, it may be said in parenthesis that if all the complaints set forth in the above quotations are well-founded, they do not begin to justify the abandonment of the homœopathic name and school by any physician who believes in the doctrines of similars to any extent whatsoever; nor does it warrant professional union with allopathists by any physician who respects his right and duty of private judgment. Allopathists have discovered by their infallible method that the principle of similars is not true. They "took a vote on it, 'way back in '47, and found out all about it." They have also learned that a physician has no right to opinions of his own, but must get them, ready-made, from a medical society. They found that out at the same time they made the other discovery and in the same way—by a vote. Over the portal of their inferno is written—"All Homœopathy abandon, and all professional liberty surrender, ye who enter here!" How much is to be gained by a leap out of the

frying-pan of a sharply defined medical philosophy *with* liberty, into the blazing fires of dogmatic restriction and intolerance? What congeniality of sentiment is there between an independent, self-reliant homœopathist, and a bigoted, arbitrary and despotic allopathist; and "what fellowship hath light with darkness?"

But the letter makes mention of a condition of affairs in homœopathic college education which does not accord with the early traditions of the homœopathic profession, and which places homœopathic practitioners in a false attitude in their relation to medicine as a science.

All homœopathic colleges may be presumed to teach the principles and practice of homœopathy fully, carefully and systematically. But in how many of them is there any systematic endeavor to define, scientifically, the field and limits of homœopathic application? These colleges, all of them, also teach the mode of employment and enjoin the use, in certain cases, of other means and measures non-homœopathic. But is there very great care taken to instil the reasons why the homœopathic remedy should *not* be resorted to in these cases. There *are* logical and scientific reasons for it, but how many candidates for graduation could state the broad principles on which the choice is made between a homœopathic and a non-homœopathic procedure? Not one in a score we venture to say. Indeed, is there any certainty that in the minds of the teachers themselves these principles are well defined? Our students are instructed in the proving of drugs, the law of similars, the use of the single remedy and the minimum dose, and the necessary facts and statistics are cited to substantiate these doctrines. If, however, the exceptions to the applications of homœopathy in practice are taught at all, it is by methods empirical enough to gratify the

most confirmed allopathist. In one case of hæmorrhage we tell the student to administer the homœopathic simillimum; in another to employ an allopathic styptic; in a third to resort to a mechanical appliance. If there be any attempt to explain the why and wherefore, it is done imperfectly, unsystematically, and in the wrong place. It is a part, and a very important part, of the Institutes of Medicine, and should be taught in connection with the Organon, and not in the clinic-room alone.

Certain of our colleges, with commendable wisdom, are including with their courses of instruction, a general knowledge of the allopathic uses of drugs. Most of our schools, however, have not yet adopted it, and it is probable that instruction in the principles upon which drugs can modify disease allopathically, is not laid down any more scientifically in our homœopathic schools than in allopathic institutions, which is entirely insufficient. For it must be remembered that by the discovery and development of homœopathy, an entirely new light has been shed even upon allopathy. The homœopathist knows that the so-called allopathic cures are not cures at all in the sense in which he understands that term. He knows that the "specific restorative stimulation" (as the late Dr. Bayes designated it) of a diseased part is, to an allopathic remedy, a physical impossibility; he knows that to ascribe a curative effect—properly speaking—to a drug which has no specific affinity for the structure and function of the diseased organ or tissue or cell, is a stupendous absurdity. But he also knows—or should know—that there are numerous ways in which a non-homœopathic drug can so effect the organism as to permit, or otherwise to favor, the operation of the *vis medicatrix naturæ*, and thus aid in bringing



about a recovery. He also knows that non-homœopathic measures can often prevent losses of animal tissues and fluids and waste of vital energies, and thus determine a favorable result. But he knows that there are not cures: the allopathist doesn't know it. The allopathist himself needs far more accurate information on these details than he at present possesses, and the homœopathist ought to be equally well-informed about them. They are a part—an important part—of medical science, and are the common property of all schools and all sects.

Briefly then the homœopathic physician should be taught at college what homœopathy cannot do as carefully as he is instructed in what it can do. He should also be taught what allopathy can do, and just as thoroughly instructed as to what it cannot do. But especially should he be instructed with the utmost pains in those facts and principles which alone can be his guide and his justification when he is called upon to lay down his homœopathic medicine case and call in the aid of other measures, so that he may do it fearlessly in the sight of men and angels.

"What is now required, is a system or scientific arrangement, in which every therapeutic procedure is regulated by some therapeutic principle."\*

We homœopaths seem to have somehow imbibed the idea, that in the development and cultivation of general medicine, our responsibility is limited to those portions of it which we choose to employ usually in our practice, and that the improvement of the remaining portions, notably allopathic methods, belongs to some other sect or body of the profession. Possibly this view is correct, but it does not seem to have been held by the early American homœopaths, else why would they have persistently retained their membership in

the old societies until they were metaphorically kicked out of them? True, they did organize societies for the special improvement of *homœopathic* therapeutics, knowing that otherwise this portion of medical science must fare badly, but are we to suppose that these pioneers expected their successors to devote all their energies to this one department for all time?

There can be a quite definite reply to this question, found in the utterances of those on whom devolved the work of teaching in the pioneer homœopathic college. It is significant that the founders of that college asked for the chartered right to confer, *first*, the Degree of Doctor of Medicine, and *then*, the Degree of Doctor of Homœopathic Medicine. Evidently they did not think that the former included the latter, nor is it likely that they considered the attainments indicated by the latter degree sufficient to meet all the reasonable claims and needs of the graduate. Their real view of the subject is explained in the Second Annual Announcement of the College, (the *first* having embraced a mere notice of the course of lectures, fees, etc.). In this Announcement for the session of 1849-50 the Faculty says:

"Since the intelligence of the community has been awakened to an investigation of the peculiarities of Homœopathy, as a consequent result there has been an imperative demand for physicians thoroughly educated in this branch of medical science, as well as in *all other useful learning* pertaining to the profession. \* \* \* The course of instruction in this institution will embrace *as wide a range as in any other medical school in the country*; and, *in addition thereto*, instruction will be given in Homœopathy," etc.

It thus looks as though the founders of the college, including such men as Jeanes, Hering, Williamson, Helmuth, Matthews, Freedly, Neidhard, Small, Semple, Sims and Gardiner, believed

\* Dake's Therapeutic Methods. Page 64.

that the education of a homœopathic physician ought to embrace at least a general knowledge of the mode of practice in common use and "in addition thereto," a knowledge of Homœopathy. It is scarcely probable, however, that they could have considered it wise for a student to spend much time in the study of those fanciful and evanescent theories and speculations that have followed so closely upon each other's heels through all the history of Allopathy. More likely it is that they intended to teach the non-homœopathic uses of drugs in their more strictly scientific aspects and relations, and as constituting a part of the science of Medicine, leaving their purely empirical uses to the study of those physicians who expected thus to employ them.

Yet, whatever may have been the views held in those days, it is a fact that these intentions were not carried out. Possibly at that time, as now, there were those who denounced such teachings as "mongrelism," "eclecticism," etc., and succeeded in having the student left in ignorance of the general practice of his day. At any rate, from that date until now, the homœopathic student has been left to grope as best he might, in any search he may have undertaken into the realms of allopathic therapeutics. As a consequence, when he has floundered over into allopathy, he has usually made sorry work of it, and has rarely, if ever, added much credit to that school.

The time is probably not far distant when the American Homœopathic Profession will formally and publicly reassert its claim to the custody and stewardship of medicine—of ALL medicine. When the dominant sect set up a barrier and declared that in a certain direction medicine should not be permitted to advance; when it issued its edict forbidding the discovery or acceptance of a general therapeutic prin-

ciple; when it prohibited the exercise of the physician's liberty of judgment in the chamber of his patient for whose welfare he alone was responsible; when the dominant party in medicine committed itself to the subversion of medical science, it forfeited all claims to the dignity, the honors, and the prerogatives of the profession, and the responsibilities fell upon the shoulders of those who still defended the liberty of the physician, the rights of the patient, and all the advancing lines of medical knowledge. Homœopathists constitute the only portion of the medical profession worthy to hold this high trust. The exercise of this trust must begin in our societies and colleges. The rising generation of physicians must be taught the whole science, even though they may need but a portion of it. We must cultivate and occupy the whole field of medicine, and the restrictive sect which fences itself in a corner must bear the responsibility of its own misdoing.

Of course there are some physicians whose confidence in the self-sustaining power of Homœopathy is but feeble, and such physicians will probably fear lest the teachings of other therapeutic principles may lead the student astray from the path of true homœopathy. Not many, however, will entertain any such fear. The cause of the few disaffections and desertions we are called upon to notice, and of the grosser forms and instances of "mongrelism" is, in nearly all cases, a too narrow, rather than a too broad, medical education. It is because the disaffected one has imbibed too narrow a conception of homœopathy, and no correct conception at all of allopathy and especially of its limitations. Those who think that the fidelity of homœopathic physicians depends upon their being kept in ignorance of the non-homœopathic properties and uses of drugs, must have a very poor opinion of homœopathy.



### THE MORAL STATUS OF THE MEDICAL PROFESSION.

The province of the journalist, so far as it relates to Medicine, would be far more pleasant if only there were fewer occasions for the exercise of unfavorable criticism. But to be obliged, month after month, to call attention to some new development, or some new evidence, of dishonesty or duplicity among medical practitioners, is a duty from which all right minded journalists would fain be exempt. Yet if the medical profession is ever to be lifted out of the slough in which it is at present bemired, it must be largely through the fearless and determined attitude of medical periodicals. Fraud, intrigue, chicanery and pretence, must be exposed before they can be rooted out, and it is better that the reporter of professional misdoings should submit to be held up as a chronic fault-finder, than that gross wrongs and inconsistencies should be covered up and condoned.

Most of us can recall the time, during our student life and the early days of our practice—when we believed that while there might be, and doubtless were, numerous examples of dubious honesty among medical practitioners, yet our sentiments for the profession in its mass were those of the highest confidence and respect. That large organized bodies of men could descend from the high level on which our fancy enthroned them, to the low trickery and duplicity of a confederacy of thieves or a gang of sharpers, was to us then an incredibility, even if not quite an impossibility. As a result of diversity of opinion physicians might wage controversial war with each other, but that they could ever swerve from the plain path of professional honesty and rectitude in order to win an advantage or injure an opponent, was something so foreign to our conceptions of medical men as a class, that it required months and years of reluctant observation to convince us of the contrary.

Yet, who, that has given close and long continued study to the current history of the medical profession, can have failed to learn that in some respects, its moral status is exceedingly low? Take simply the events of the past few years, and we must confess, however reluctantly, that in its mass and down to its centre, it is thoroughly and undeniably corrupt. We do not mean that the larger proportion of its members are guilty of the vices which degrade so many persons in other walks of life, but we do mean that the boasted "honor and dignity" that could not stoop to a mean, a dishonorable, or a disreputable act, is an unmitigated sham and pretence. That "sensibility of principle which feels a stain like a wound" is very, very far from being universal among medical men.

Let us look at a few of the evidences in support of this statement. Look at the vast body of American physicians, who voluntarily conform their professional conduct to a rule or regulation of a notoriously dishonest nature. Under the operation of this rule, the physician, by a "mental reservation," withholds from his patient a part of the "professional service" which the patient supposes he is receiving, and which he pays for. Under this "mental reservation" the physician has at heart a deliberate purpose, if occasion should arise, to swindle every patient he treats. The patient employs and expects the physician's services to be commensurate with his ability; but the physician, without letting his patient know it, metes out his services by an entirely different measure—a measure defined and limited by his society's code of "ethics" so-called. Though his attention has been called, times without number, to this flagrant dishonesty, he perseveres in its practice and thus demonstrates the wilful and deliberate nature of the fraud he daily perpetrates upon his unsuspecting patrons.

Another evidence in support of our

statement is to be seen in the deliberate and careful endeavor, recently made, to delude the public into the belief that there is no disposition to restrict the practitioner in his professional work. The American Medical Association,—a body claiming to represent the medical profession,—made just such an attempt at its session held in the city of New Orleans two years ago. The deliberation of the act was remarkable. A committee worked over the business for a whole year. It aimed to convince the public that the word "practice"—used in the Association code of ethics, does not mean practice, but that it means something entirely different. It had the power to strike out the objectionable word from its code, and insert a word or phrase to express just the meaning they claimed for it, but they made no attempt to do so. It may be said that this was the act of but a few hundred physicians and not of the profession as a whole. True, but the men who did it were accredited delegates from large numbers of local societies, and no local society and no journal represented by them has yet rebuked the offenders or repudiated their act. The great body of the profession has, with equal deliberation, made itself a party to the organized attempt at professional fraud.

Let us cite one more illustration of the moral degeneracy of the medical profession! It is a quite common custom amongst a certain class of medical writers to transfer bodily the substance of the discoveries and literature of their professional rivals, to their own pretended writings, and studiously avoid giving that credit which is the universally conceded right of literary men. This habit of plagiarism has of late years become so frequent and so flagrant as to have assumed the character of a literary kleptomania. And its object is not alone that which actuates the common thief—self-enrichment,—it in-

tends also the impoverishment of the victim. Both avarice and envy, both greed and jealousy, are among the determining motives of the crime.

Here again the professional masses make haste to share in the criminal responsibility. One and all applaud the thief while they divide the plunder. They "receive the stolen goods, knowing them to have been stolen." In deprecation or censure of the act, not a single medical society opens its lips; not a journal lifts its warning voice. The moral character of the thief proves to be on an exact level with that of the great profession he represents. If he is proud of his profession, his profession is equally proud of him. It applauds, commends, honors, enriches him. The reputation as therapeutists, which Phillips, Ringer and Bourdon-Sander-son enjoy above their fellows, rests upon stolen property and upon that alone. Had they not been "by merit raised to that bad eminence," two of them, at any rate, would never have arisen above the merest mediocrity. Their heads would never have been seen above the general level. In this country there are one or two, perhaps more, who are building reputations upon a similarly disreputable foundation. They seem to be head and shoulders above their fellows, not because of unusual stature, but because they are standing upon the Organon of Hahnemann and the Homœopathic Materia Medica Pura.

The fact that this depraved condition of professional morals arose out of an insane hatred of Homœopathy and of its practitioners furnishes neither excuse nor mitigation. Shut our eyes to the disgrace as we may—and it would be a most pleasant thing to do—the hideous fact remains, that "the dignity of the profession" is a pompous pretence and "the honor (?) of the profession" may well be feared but must not be trusted.



Homœopaths have been awaiting and expecting the time when they might without sacrifice of decent self-respect consent to be accounted a part of this vast body which assumes to call itself "the medical profession." A desirable consummation, indeed! How soon is it likely to be realized? How much better it would be, if the homœopathic profession should abandon, now and forever, all anticipation of any future union and communion with the allopathic profession, and, standing firmly upon its own clean record, and asserting its exclusive right to the whole domain of medical science and art, should insist that no union shall ever occur between the "schools" so-called, except by the voluntary act of separate and individual allopathic physicians sundering themselves from their past relations, leaving their past disgrace behind them, and seeking to be admitted to the community of a reputable profession!

#### ESCAPE OF AN ENGLISH CAT.

"(Children and fools," it is said, "*will* tell the truth." It occasionally happens also that an allopathist, speaking about his relations to homœopathy, in a moment of forgetfulness or of anger, is known to do the same thing. When such an event does happen it furnishes rare amusement to his audience because the aforementioned truth gets out, when the speaker and his friends would much rather it had remained unspoken.

The action of certain allopathic physicians of London, in trying to secure the expulsion of two homœopathic physicians from the Margaret Street Infirmary, as reported in our March number, permitted the escape of a very large feline. The College of Physicians had solemnly declared that "it had no desire to fetter the opinions of its members in reference to any theories they

may see fit to adopt in the practice of medicine" and other medical authorities of England, like the allopathic associations of the United States, had professed the utmost liberty in such matters. Of course, the "college" did not mean a word of what it was saying, but it must have been a good deal chagrined when it was given the lie direct, and by seven of its own members. These seven men declared that "college" or no college, the "theories" of Hahnemann should *not* be "adopted in practice" in the Margaret Street Infirmary, and the *Lancet* backed them up in their position. Imagine the College of Physicians in session, upholding the two homœopaths, and rebuking those "seven" and the London *Lancet* for trying to "fetter the opinions of its members!" Wouldn't it be irresistibly funny? But the "college" is not going to do anything of the sort. She is as deep in the mud as the *Lancet* is in the mire. Her solemn declaration turns out to be a solemn lie, just as everybody knew it would.

What will the College of Physicians do, now that her shallow jugglery has been exposed, and her lie published to the four winds? "Do!" There's not the least difficulty on that point. Her first lie having been duly nailed, she can easily make another just as big. Or, stay! We have a suggestion. The American Medical Association has a first-class article which she concocted at New Orleans in the spring of 1885. It is of no further use, however, on this side of the ocean, since the American Institute of Homœopathy scotched it at St. Louis in June of the same year; but perhaps a trip across the ocean might resuscitate it and make it useful (?) in England. We cordially recommend the College of Physicians to purchase and adopt this robust American lie. As Bill Nye said of his cow—one-fourth short-horn and three-fourths

hyena—"we should greatly prefer a purchaser who doesn't live in our neighborhood."

#### THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

This school has long been recognized as standing in the foremost rank of American Medical Colleges. Most of us have come to the habit of contemplating its facilities for instruction and its educational work with a vast amount of complacency. Not so, however, its Faculty and Board of Trustees. These officers are not going to be satisfied while anything desirable remains to be secured. They have accordingly issued an appeal, setting forth specifically just what *they* think the institution needs. It is certainly to be hoped that their request made to the friends of the College will be promptly and fully met by the necessary contributions. Let us make our best schools better and better yet, and so make them patterns for all others to imitate. Here is the list of what the Boston school requires to improve its efficiency as a leader among medical educational institutions such as its own authorities contemplate and desire:

At the present time, the School needs more and larger laboratories; it needs additional scientific apparatus; it needs more surgical appliances for the patients under its care; it needs special instructors on several important subjects connected with medical science; it needs to largely increase its library that the students may have direct access to the most recent medical publications; it needs a larger museum in which may be placed valuable anatomical, pathological, and physiological studies; it needs more free scholarships, for although young women are already thus fairly well provided for, its means are limited with which to assist young men at a point in their lives when a little aid may mean the difference between success and failure. It already has a small sum, the Waterhouse Fund, the income of which is devoted to the

prosecution of anatomical studies, but it needs funds for the support of many other and important chairs; it specially needs an endowment of at least *two hundred thousand dollars* to enable it to sustain departments essential to a complete medical education, and provide means for instruction which shall make it not second to any medical school in this country.

We shall be under the necessity of supporting our schools in these demands for improvement or else stop our inconsistent talk about "a higher medical education." Next month we shall have something to say about another of our leading schools.

#### Notes and Comments.

Miss Augusta Klumke, an American, has the honor of being the first woman appointed as interne in the hospitals of Paris.

Brown-Sequard has recently discovered that many cases of pruritus are due to coffee drinking.

Japan has been mapped out into six divisions, and a medical college is to be established in each division.

Anyl-nitrate is an antidote to cocaine.

Dr. V. Teyxeira reports, in the *Gazetta degli Ospitali*, that a woman in the seventh month of pregnancy was delivered of five living children, two females and three males. Three had died, and two seemed in a hopeless state at the date of report.

Inebriety cannot be prevented by throwing the responsibility on the inebriate, and punishing him for it as if for a crime. He is a sick man, and must be taken out of his surroundings and fully quarantined until he can recover.—*Quarterly Jour. Inebriety*.

At the depth of seven hundred feet in the ocean the light ceases altogether; one-half of the light being absorbed in passing through only seven feet of the purest water.—*Popular Science News*.



The assistants of Pasteur are starting a monthly paper devoted to all questions concerned with micro-biology. It is edited by Professor Duclaux, with the aid of the prominent micro-biologists of Paris.

Dr. Hedges, of Plainfield, considers the use of toast objectionable in gastrointestinal diseases, on account of the irritation of the mucous membrane produced by the gritty particles of charcoal which are insoluble in the juices of the alimentary tract, and act much as powdered glass would.

Alcohol and tannic acid render gelatine insoluble, hence no medicinal preparation containing either of these drugs should be administered in gelatine capsules.

A series of experiments with the use of a mixture of carbonic acid and sulphuretted hydrogen injected into the rectum is being made upon phthisis patients by the resident staff of Blockley Hospital, Philadelphia, and by numerous others in private practice. The method originated with Dr. Bergeon of Lyons, France. Like all the new fashions in allopathy, it promises much. Indeed it seems to have some effect in at least ameliorating and retarding the progress of the malady.

Dr. R. E. Dudgeon has written to the *Lancet* a letter in which he quite distinctly charges Dr. Lauder Brunton with plagiarism by the wholesale from homeopathic works. At last accounts Dr. Brunton had offered neither defence nor denial and still wears the brand of the literary freebooter.

Duncan Matheson, L. R. C. P. Edin., died of pneumonia at his residence in London, February 5th, aged fifty-six years. He practiced homœopathy for many years at Newcastle-on-Tyne, but removed to London in 1875, and afterwards served for a time as Gynecologist to the London Homœopathic Hospital. He was a Fellow of the British Homœopathic Society, and the author of several books and pamphlets on homœopathy.

Minnesota has adopted the typical "seven-to-two" licensing-board swindle. It makes things perfectly right for the allopaths and leaves homœopaths at their mercy.

Spain has too many doctors, and there are fewer students in the colleges.

South America cholera is moving northward.

The *Chironian* is publishing reminiscences of the successive classes of the New York Homœopathic College.

The Missouri Institute of Homœopathy will hold its eleventh annual session in St. Louis, April 26th and 27th.

The Chicago Homœopathic College at its recent commencement conferred the degree upon 46 candidates.

Hahnemann College of Chicago heads the list of graduates as usual, with 87 candidates, 24 being women.

A Nashville medical college has fifty colored students.

Perhaps a "Homœopathic League" might be of use in the United States also.

In what may be called "medicinal therapeutics" the highest allopathic reputations at present enjoyed in England and America, have, without exception, been reared upon "observations" stolen from homœopathy and palmed off as original, upon an ignorant and credulous profession.

There must and will come a time when all reputable medical colleges will teach all the principles of all known medical science. When that time comes there will be no longer a division of the profession into "sects." Is there any good reason why *our* colleges should await the pleasure of the allopathic schools in this matter? Their restrictive features constitute no justification of ours. Let us be "physicians" and let our opponents be "allopathists" if they choose.

A correspondent of the *People's Health Journal* asks its editor the question—"Is reading from tinted paper less injurious to the eyes than from white paper?" and the editor replies that "according to an eminent authority there is no difference."

It is probable that the "reflecting property" of paper depends less upon

its color than upon its finish. A paper, which throws a gleam of intense light into the eyes of the reader must be hurtful, no matter what its color. That paper is best, for the health of the eyes, which has least reflecting power. In this respect, the paper on which the HAHNEMANNIAN is printed is about as near perfection as it is possible yet to arrive. No matter how the journal is held, there is not the slightest sheen or shimmer to be seen upon its surface.

"The alcoholic 'night-cap' of our forefathers was infinitely less injurious than the toxic sleep-bringing drugs of their teetotal descendants."—*Dr. J. Milner Fothergill.*

The ingenious bit of sophistry, so deftly covered up in the above statement, is in quite common use. It means, in so many words, that to escape the habit of using chloral, bromide, or morphine, one should use alcohol as a precaution. It is about the lamest of all lame pretexts employed to discourage total abstinence that one may meet with, and that is saying a great deal. "Teetotal descendants" indeed! As if anybody needed to be told that the "descendants" drink vastly more whiskey than their "forefathers" ever did—and take their hypnotics into the bargain, which their forefathers never did. There is no evidence, worth noticing, that either sobriety or drunkenness has any influence whatever in determining the use or non-use of hypnotics. All the testimony thus far cited is worth about as much as that advanced against vaccination and is remarkably like it in quality.

### New Publications.

A PRACTICAL TREATISE ON OBSTETRICS. Vols. I and II (4 vols.) By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. These are also vols. I and II of the "*Cyclopædia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. New York: William Wood & Company.

We have before us vols. I and II of Dr. Charpentier's "Treatise on Obstetrics" which was published in Paris

in 1882 and now appears in English, edited by Dr. Egbert H. Grandin, of New York.

The author is well acquainted with the literature of the subject, as well as being possessed of large clinical experience and his "Treatise," is in the opinion of Dr. Grandin, "the most complete in any language and a faithful and unbiased mirror of the theories and the practice of the most renowned obstetricians in the world."

On account of the time that has elapsed since its original publication, it has been necessary to make a few alterations to bring the work up to date.

Vol. I treats of the "Anatomy of the Internal and External Genitals; Physiological Phenomena (Menstruation and Fecundation); Pregnancy and Labor.

Vol. II of the "Pathology of Pregnancy;" which subject is subdivided into diseases of pregnancy, of the ovum, of the fetus; miscarriage; and extra-uterine pregnancy. The various subjects are ably treated, but we can mention only a few points of peculiar interest.

The author states that the eruptive fevers seem to acquire an unusual severity in pregnancy; that lead and nicotine poisoning cause premature labor and death of the infant in a large percentage of cases; that there is no fixed law regarding the innocuous influence of traumatism on pregnancy; that of diseases of the fetus the most common lesion is peritonitis.

The different pathological conditions of the cervix uteri are finely represented in colored plates.

The last chapter is devoted to the consideration of extra-uterine pregnancy, it is fully illustrated. It mentions Leinzell's well known case, in which a lithopedion was found in a woman of 94 who had carried it for 46 years.

A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By Orville Horwitz, B. S., M. D., Demonstrator of Anatomy in Jefferson College, etc., etc., Philadelphia: P. Blakiston, Son & Co. pp. 301.

This is the third edition of Dr. Horwitz's valuable little compend. Many of the subjects have been rewritten and some new matter added; the illustra-



valuable information concerning the tions are excellent, being taken from standard text-books on the subject. It is a book that students will appreciate, and physicians will prize as a short and comprehensive review of most subjects comprised in the domain of surgery.

A TREATISE ON DISEASES OF THE SKIN, WITH SPECIAL REFERENCE TO THEIR DIAGNOSIS AND TREATMENT. By T. McCall Anderson, M. D., Professor of Clinical Medicine in the University of Glasgow, Physician to Glasgow Western Infirmary and Cutaneous Wards, Etc. Philadelphia: P. Blackiston, Son & Co. 1887. Pp. 647.

The author of the "Treatise" has devoted a quarter of a century to this branch of medicine, and has had exceptional opportunities for pursuing its study. He handles his subject ably and adopts in its treatment the classification employed for many years in the Glasgow Hospital for Skin Diseases, as follows:

#### THE FUNCTIONAL.

- I. Affections of the Skin.
- II. " " " Hair.
- III. " " " Sebaceous Glands.
- IV. Affections of the Sudoriparous Glands.

#### THE ORGANIC.

- I. Inflammations.
- II. New formations and tumors.
- III. Hemorrhages.
- IV. Diseases produced by uniform causes.
  - A. Parasitic affections.
  - B. Syphilitic "
  - C. Strumous "
  - D. Eruptive fevers.

This classification combined with the illustrations, colored plates and lucid description of each variety of skin affection makes it a valuable book of reference. Moreover, Dr. Anderson gives an analysis of 10,000 consecutive cases occurring in his hospital practice and 1000 in private practice, thus giving a very good idea of the relative frequency of the various skin diseases.

Our attention has been held particularly by the chapter on the different forms of Tinea. The author says "it is curious to note the variety of opinion which prevails amongst scientific men as regards many points relating to the

so called vegetable parasitic affections of the skin." His arguments prove the non-identity of the parasites met with in Tinea favosa, Tinea trichophytina, and Tinea versicolor, which are respectively the Achiorion, Tricophyton, and Microsporon furfur. The microscopical appearances of the spores of each differ, "those of the Achiorion are, on an average, about the 3000th of an inch in diameter, and many of them are oval; those of the Tricophyton, are smaller, being on an average about the 7000th of an inch in diameter; while the spores of the Microsporon furfur, although nearly as large as those of the Achiorion, are more uniformly rounded, have a lustrous appearance, and have a remarkable and characteristic tendency to run together so as to form clusters, like bunches of grapes."

B. W. J.

ORIFICAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, A. M., M. D., L. LD., Professor of Principles and Practice of Surgery in the Chicago Homœopathic Medical College, etc. Chicago, W. T. Keener, pp. 139.

Dr. Pratt gives herein the substance of a series of lectures delivered to the students of the Chicago Homœopathic Medical College, during the session of 1886 and '87.

The scope of the work is limited to the consideration of the surgical treatment of the various pathological conditions of the lower orifices of the body which the author claims are responsible for many chronic ailments that can be relieved only by curing the orificial condition, which causes them. He cites clinical cases of asthma, gastralgia, melancholia, dysuria, neuralgia, nervous debility, anæmia, etc., which have been cured by the treatment he proposes.

A COMPEND OF ELECTRICITY AND ITS MEDICAL AND SURGICAL USES. By Charles F. Mason, M. D., Assistant Surgeon U. S. Army. Philadelphia, P. Blackiston, Son & Co., pp. 98.

To those who have neither time nor patience to peruse the larger treatises on the subject, this little volume will be especially welcome. It embraces much

varieties, properties and medical and surgical uses of electricity. It contains a cut of motor-points and of the distribution of cutaneous nerves.

**CROUP; ITS NATURE AND HOMŒOPATHIC TREATMENT;** by Hurro Nauth Roy, L. M. S., author of "A Manual of Fever," "The Epidemic Fever in Bengal," etc. Calcutta. Messrs. Lahiri & Co. Pp. 46.

This interesting monograph on croup comes from the pen of one of our Indian brethren. He tells us that though croup is an European and American disease *per se*, it has of late become common in all parts of India. In considering the treatment of the disease, after naming the various homœopathic remedies he employs, the author enumerates a few of the indigenous remedies which are sometimes of great efficacy in its treatment, which are as follows: Blatta Orient (cockroach), Mooceta-Jhoree (Acalypha Indica), Tolsee (Ocimum Villosum or Sanctorum), Beetle-leaf and Kala. The latter is valuable also in gangrene, phagadœna, bedsores, carbuncle and in low fevers and other adynamic states of the system, and he has used it with marked success in croup. In Bengal the expressed juice of the green leaves is used. He used the third and sixth dilutions.

**TAKING COLD THE CAUSE OF HALF OUR DISEASES;** by John W. Hayward, M. D., M. R. C. S., L. S. A., (Hom.) N. Y. Homœopathic College. London. Messrs. E. Gould & Son. Seventh edition; revised and enlarged. Pp. 171.

Dr. Hayward's seventh edition will be welcomed by all who know the value of its suggestions regarding the prevention and early relief of colds and their sequelæ. The author is well known in this country, as well as in England, and in fact, over the entire homœopathic world, for his valuable work on "Crotalus Hor." and the seventh edition of his "Taking Cold" shows how well his thoughts are appreciated on this important subject, and we quite agree with him that it is the cause of half our diseases. But his caution under "phthisis," to be extremely careful to avoid all causes of exhaustion and debility, as well as all the causes of taking cold, shows that he looks back to a deeper reason for most of the susceptibility to it.

B. W. J.

## Gleanings.

### The Relations between Chorea and Articular Rheumatism Accompanied by Endocarditis.

Prior (*Rev Mens. des Mal. de l'Eufr.*) analyzes ninety-two cases of chorea seen in the clinic of Rühl at Bonn. They are divided into three groups, the first including eighty-five cases in which there was no trace of cardiac disease, nor of rheumatism. The second group consisted of one case, in which the chorea was accompanied by rheumatism.

A cardiac murmur preceded the chorea several months, and fifteen days before the chorea appeared the child complained of pain in the fingers and joints of the right hand.

The third group comprised four cases of chorea which were complicated with heart murmurs for a long time. In one of them, mitral insufficiency had existed for a long time with no history of acute articular rheumatism. The patient was a girl nine years of age. Two other girls eight years of age had a similar history. The fourth was a girl eighteen years of age, who had had for seven years a very painful swelling of the knee, ankle and elbow joints; her respiration was labored, and she also suffered from palpitations.

Of the ninety-two cases of chorea, only five were complicated with cardiac disease; the conclusion is therefore reasonable, that there is no rule or law as to the coincidence of chorea and endocarditis. In addition, chorea is seldom seen beyond the age of fifteen, while endocarditis often prevails between the ages of twenty and thirty. Chorea is most frequent among female children, rheumatism and endocarditis among males. Chorea is largely dependent upon an inherited tendency to nervous disorders. It is often of reflex origin, for example, in hypertrophy of the heart, in cases in which the phrenic nerve is irritated mechanically. The infectious diseases, scarlatina, measles and typhoid fever, may also furnish the exciting causes for chorea. Should chorea occur consecutively to endocarditis, it is possible to consider the latter as a phase of acute articular rheumatism—that is, as a phase of an infectious disease, and also to consider that the chorea is caused by the same infectious agent which pro-



duces acute articular rheumatism.—*Archives of Pediatrics*, Jan., 1887.

#### A Curious Effect of Iodoform.

Dr. Poncet whose attention was directed to this subject by a patient, found upon investigation that silver which has been in contact with iodoform, or which has even been touched by the fingers after they have been in contact with iodoform acquires a nauseous odor resembling that of garlic. The odor becomes more perceptible on rubbing the silver. A drop of saliva from a patient fully under the influence of iodoform is said to be sufficient to impart the odor, or the mere placing of the drug and silver near together. The odor is not that of iodoform and is thought to be due to a decomposition product. A spoon after contact imparts an unpleasant taste to food eaten by it.—*N. Y. Medical Abstract*, January, 1887.

#### Management of Simple Constipation.

Sir Andrew Clark gives the following brief instructions for the management of simple constipation: 1. On first waking in the morning, and also on going to bed at night, sip slowly from a quarter to a half-pint of water, cold or hot. 2. On rising, take a cold or tepid sponge bath, followed by a brisk general toweling. 3. Clothe warmly and loosely; see that there is no constriction about the waist. 4. Take three simple but liberal meals daily; and if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When tea is used, it should not be hot or strong or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard and indigestible foods taken with a view of moving the bowels, strong tea and much hot liquid of any kind, with meals. 5. Walk at least half an hour twice daily. 6. Avoid sitting and working long in such a position as will compress or constrict the bowels. 7. Solicit the action of the bowels every day after breakfast and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily

solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be an enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised and by previously anointing the anus and rectum with vaseline or with oil. 8. If by the use of all these means, you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help; and your object in doing this is not to produce a very copious defecation or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less formed discharge. Before having recourse to drugs, you may try on awaking in the morning, massage of the abdomen, practised from right to left along the line of the colon; and you may take at the two greater meals of the day, a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or green vegetables. 9. If the use of drugs is unavoidable try the aloin pill. \* \* \* \*—*N. Y. Med. Abstract*, January, 1887.

#### Enanthe in Epilepsy.

Dr. Chas. A. Wilson, of Allegheny, reports five cases of epilepsy in which the number of seizures was markedly reduced under the action of enanthe crocata 3x.—*Clinical Review*, Feb. 1887.

#### On the Adaptation of Corning's Method of Local Anæsthesia to Operations on the Eyelids.

Dr. Corning's method of producing local anæsthesia necessitates three things: 1. An instrument for making multiple punctures of the skin, the use of which is painless and bloodless; 2. A galvanic battery, and 3. A solution of cocaine. The portion of skin which it is desired to anæsthetize is first punctured by the use of the instrument, which makes many punctures at once about a millimetre apart. A sponge saturated with a solution of cocaine and attached to the positive pole of a galvanic battery, is then placed in contact with the punctured skin, while the negative pole is brought in contact with some other portion of the patient's body and five or six cells of the battery are turned on.

Dr. David Webster has applied this method to operations on the eyelids and so accomplish this, the only thing that was necessary was to have a more delicate puncturing instrument made. This multiple puncturer is of about the size of a hypodermic syringe and consists of one hundred and fifty needles, which may be made to project from a hollow cylinder any desired length by means of a regulator. Before using the instrument, the conjunctiva should first be anæsthetized. The lid should then be raised a little from the eye-ball by means of a hard rubber spatula to prevent concussion of the globe.

On using the instrument, the needles should be drawn up out of sight into the cylinder by means of the handle, the end of the cylinder placed in contact with the skin, and then the handle let go. The bunch of needles strikes the skin with a slight thud and without any sensation of pricking or pain. The whole surface to be involved in the operation should be thus pricked over and then a solution of cocaine should be driven through the punctures by galvanism. The surgeon may then proceed with the operation without inflicting any pain whatever on the patient. —*Medical Record*, March 5, 1887.

#### **The Exophthalmos of Basedow's Disease.**

Prof. Hack, of Freiburg, reports the following interesting clinical experience: A lady from early youth had been effected with marked exophthalmos and widely dilated pupil. This originated in connection with marked occlusion of the nares. The heart was normal until the seventeenth year, when, apparently without cause, darting pain and palpitation in the heart region developed, which were relieved by digitalis. Pulse 100. The symptoms increased, and the thyroid gland enlarged considerably. The nasal obstruction increased, and, as this seemed to depend on hyperplasia of the turbinated tissue of the two lower and middle turbinated bones, the right lower tissue was cauterized. On the following day, the exophthalmos on this side had nearly disappeared. Cauterization was then made of the left lower turbinated tissue and the exophthalmos on the left side yielded, but more slowly than the right. The pupils however were not affected. The heart palpitations after a time dis-

appeared. Hack thinks we have in this a clue to the etiology of certain cases of Basedow's disease; viz. an abnormal state of certain peripheral terminal sympathetic organs located in the turbinated tissue.—*Philada. Med. Times*, Feb. 19, 1887.

#### **Note on a Reflex Action of the Olfactory Nerves upon the Nerves of the Palate and Stomach.**

The following observation was made by Dr. Watson Smith in the case of one of his own children in considerable peril by an attack of dysentery. He had previously noticed that very young children,—infants in fact—are greatly attracted by perfumery. An infant suffering greatly during dentition can be held almost spell-bound under the temporary influence of a very delicate perfume.

The child in question had reached the critical stage of the disease when it became necessary to take ipecacuanha. However so weak had the patient become and so sensitive was the stomach, that vomiting was at once excited, and no dose could be received into the system. After several perfectly fruitless trials, the patient absolutely refused the medicine. He then thought of the action of perfumery and its apparently sedative effect, and he argued that if he could so deceive the patient as to cause the imagination to attribute to the article administered, the delicate flavor of the perfumery, the very ambiguity of the word "flavor" might be wrought out, as it were, through the olfactory nerves upon those of the palate and stomach. He commenced with some simple article of diet, and administered it with a spoon held with a handkerchief upon which a delicate perfume had been placed. The effect was excellent, and in reply to a question, the answer was that the taste was very good. After awhile, he took some of the ipecacuanha medicine and administered this in a similar way, first desiring the patient, a little boy of three and a half years of age, to notice the pleasant smell of the contents of the spoon. The medicine was now taken without difficulty; it was followed by a spoonful of milk, administered in the same way and remained on the stomach. After this, the perfume was only allowed to accompany the ipecacuanha and no difficulty was thereafter experienced.—*Cincinnati Lancet-Clinic*, March 19, 1887.



### Double Tubal Gestation.

The woman was a patient of Dr. Mykamp, and the diagnosis was death from rupture of extra-uterine pregnancy. At the autopsy, he found a large quantity of dark-red fluid and in the pelvis, a softened clot also dark in color. The uterus, the fundus of which reached to the level of the upper margin of the symphysis, was soft to the feel. The bladder contained a moderate quantity of urine; in searching for the left Fallopian tube, which could not be seen in the midst of the clots, a hiatus of two centimetres was found at a distance of four centimetres from the uterus; in the same situation on the right side, the tube ended similarly in a cyst-like formation, also ruptured, the size of a walnut. The ovaries were normal. The uterus was then removed with its appendages, and in the middle of a firm clot on the left side, the fœtus was found. The interior of the uterus was lined with a well-marked decidual membrane consisting of two layers. The cyst on the right side contained clots and a fleecy coherent membrane resembling a chorion, together with an umbilical cord, two centimetres in length, in which three knots could be perceived. No placenta, properly so-called, could be found. Summing up the report, it appeared that the uterus was that of a three months' pregnancy, and the fœtus and corpus luteum of six weeks. It was supposed that impregnation had taken place three or four months previously, the ovum implanting itself in the left Fallopian tube six or eight weeks prior to the death of the patient; the left sac gave way, giving rise to slight hæmorrhage, which at once became encysted behind the seat of rupture as evidenced by the presence of yellowish-brown clots. Soon after, the hæmorrhage having ceased, a fecundated ovum lodged in the right tube, its development arresting the process of involution of the uterus, which must have followed the rupture of the left tube, and exciting in it a further development, so that with a fœtus of six weeks the uterus had the volume of the third or fourth month of pregnancy. This explanation would have been greatly assisted by the discovery on the left side of a true corpus luteum of older standing to that on the right. Unfortunately, that is only probable; the fact not having been satisfactory.—*Arch. Gynecology*, February, 1887.

### Sarcoma of the Pharynx Removed by Partial Exsection and Dislocation of the Inferior Maxilla.

Dr. Lange exhibited before the New York Surgical Society a patient from whom he had removed a tumor that had occupied the left half of the pharynx, extending upward behind the soft palate and down the throat so far as to dislocate the larynx. Following Mikulicz, he performed a preliminary tracheotomy, and then made an incision along the inner border of the sterno-mastoid muscle and a horizontal incision along the border of the zygomatic arch so as to expose the angle of the jaw, which was removed subperiosteally, so as to give access to the tumor. The operation was long and tedious. The patient had intense iodoform poisoning being at first greatly excited, and then speechless for fourteen days. He was fed by means of a stomach-tube, which he one day swallowed, through the carelessness of a nurse. After being retained for five weeks, the tube (which was eighteen and a-half inches long) was passed *per rectum*. The patient finally recovered, with paralysis of the lip on the side of the wound, but there was no displacement of the teeth, and his power of mastication was as good as ever.—*N. Y. Medical Journal*, March 19, 1887.

### Syphilitic Phthisis.

Dr. Wm. Henry Porter as a result of his observation of several hundred cases, believes that syphilitic disease of the lungs is very common, more so in females than in males, with the maximum number of cases occurring between thirty and forty years of age; it is as frequently if not more frequently inherited than acquired. The lesion is most frequent at the apex and usually involves both lungs; it is a peculiar pneumonic process in the early stages, while later cavities are found, and it becomes phthisical in the sense of progressive consolidation followed by softening and the formation of cavities. There is a strong resemblance but a positive difference between syphilitic and tubercular phthisis and a positive anatomical difference between a syphilitic and a miliary tubercle. The symptoms in many cases resemble those of tubercular phthisis. The patients complain of having had a heavy cold with incomplete recovery, followed by a dry, hacking cough or one with an abundant

muco-purulent expectoration, either white or frothy or thick, purulent, and of a greenish or yellow tinge. Early hæmorrhages are frequent and often copious, while the dyspnoea is an early and pronounced symptom. Pleuritic pains are common and there is often great weakness while the general physique remains fairly good—in fact the emaciation is not at all in proportion to the weakness and is nothing like that of the tubercular variety. The skin is warm and moist but there is little or no elevation of the bodily temperature. Night sweats are frequent and distressing and the patient complains of cephalalgia and of indefinite and wandering pains in the bones and tissues, which increase at night. The stomach remains strong and with but little attention will digest well, nearly up to the last. In tuberculosis, the stomach is one of the first organs to rebel. Dyspepsia and slight jaundice are not infrequent. The urine has a characteristic pale, limpid appearance, which, together with the sallow complexion, often leads to the suspicion of a renal lesion. Married females abort without any apparent existing cause further than the syphilitic taint. Their children, if born, are often plump but soon die of marasmus.

The physical signs are peculiar and diagnostic; the respiratory act is labored, and all the accessory muscles of respiration are brought into play, but there is little or no expansion of the chest. Early in the disease, palpation reveals increased fremitus, but in the advanced cases it is diminished, owing to the small volume of air entering the lung. Percussion gives varying degrees of dullness, which is most marked at the apex but diminishes towards the base. The percussion note is dull and of "wooden-quality," and localized areas of dullness are found. Owing to the fact that the small cavities have thin walls and contain considerable air, the dullness is not so great as would be expected. The inspiratory and expiratory murmurs are prolonged and harsh, especially the former, with a decided intermission between the two. Broncho-vesicular breathing is frequent at the apex. True amphoric breathing is heard at the apices, yet the necropsy reveals the absence of a cavity. As a rule, crepitant and subcrepitant rales are absent, thus eliminating chronic

bronchitis. It is differentiated from asthma and chronic interstitial pneumonia by the absence of the sibilant and sonorous sounds. The vocal resonance is exaggerated over the consolidated portions. Another very strong and pathognomonic sign is a peculiar pain and oedema of the sternum and of the iliac crests. Pressure over these regions produces a very peculiar pain, which is quite intense and accompanied by a recoil not easily forgotten when once recognized. A noticeable feature is that when the sternum is excessively sensitive, the tibial crests are less so, and *vice versa*.

The diagnosis of syphilitic phthisis is based upon the abundant expectoration without any signs of softening of the pulmonary tissue; upon the weak and debilitated condition without marked emaciation; upon the peculiar pain to pressure over the sternum and tibial crests; and upon the ready response to anti-syphilitic treatment. The treatment recommended by Dr. Porter in these cases is the administration of the biniodide of mercury, iodide of ammonium, and the iodide of potassium.—*N. Y. Medical Record*, March 12, 1887.

#### Ephemeral Glycosuria in Surgical Practice.

Ephemeral glycosuria frequently occurs in surgical practice. It is in some instances accompanied by ephemeral albuminuria and very often the albumen is replaced by sugar and *vice versa*. It is not rare to find that sugar appears in the urine several times in the course of the affection. From the author's experience, ephemeral glycosuria is almost always accompanied by transient polyuria and an increase in the quantity of urea. The quantity of sugar which is proportionate to the gravity of the case, varies to a considerable extent in different cases. The surgical affections in which this complication has been observed are extremely varied. It was often noticed after slight injuries and subcutaneous fractures, but occurs, the author states, much more frequently and, indeed, almost constantly during phlegmonous and gangrenous affections, anthrax, lymphangitis and erysipelas, and presents itself in a most marked degree in a great number of cases of suppuration just at the time of the formation of an abscess. Redard's cases



show that there exists a decided relation between the formation of the pus and the appearance of the glycosuria. In nearly all the cases of phlegmon, erysipelas and septicæmia observed by the author, sugar appeared in the urine just as the temperature of the body was suddenly elevated. The affections in which ephemeral glycosuria has been most frequently observed are those of a septicæmic character. It is held that in the great majority of cases reported in Redard's paper, the condition of the urine was a true ephemeral glycosuria, analogous to the ephemeral albuminuria observed in the course of certain medical affections. There was no history of diabetes. Of many patients who were observed from time to time after cure of the surgical affections, not one presented glycosuria or any other sign of diabetes. It is necessary, however, in order to distinguish ephemeral glycosuria from true diabetes to continue for some time, the daily examination of the urine. In attempting to account for the appearance of sugar in the urine at certain times in the course of some surgical affections, the author suggests that the impression produced at the periphery by a cutaneous inflammation or some other local morbid conditions might be transmitted to the vaso-motor fibres contained in the splanchnic nerve, and so cause hyperæmia of certain organs, especially the liver and lungs, and accelerate the transformation of glycogen into sugar, thus giving rise to glycosuria. By this theory might be explained also the instances of ephemeral glycosuria and albuminuria that have been observed in the course of some medical affections and after irritation of the skin. Glycosuria when occurring at an advanced stage of certain surgical affections in association with congestion of the lungs, might be considered as asphyxic and due to the phenomena of insufficiency of oxygenation of the blood. The author would rather admit that the asphyxic blood acts as an irritant and excites the liver to discharge a larger quantity of sugar into the circulation. This irritation may act directly on the liver, but more likely is transmitted by the great sympathetic of the vagi nerves from the cerebro-spinal nervous system. In concluding his paper, Redard states that these numerous theories might explain ephemeral glycosuria, but that

none of them are entirely satisfactory and applicable to every case.—*Amer. Journ. Med. Sc.*, April, 1887.

#### The Duration of the Syphilitic Capacity in Relation to Marriage.

Dr. P. A. Morrow read a paper before the New York County on the above subject. The following are his conclusions:

1. The facts of every-day observation showed that there was nothing constant in the contagion, nothing certain in the heredity of syphilis. Men sometimes married during the full activity of secondary syphilis and did not infect their wives nor transmit the disease to their offspring. But these negative observations were entirely valueless compared with the positive.
2. The passage of syphilis from the second to the tertiary stage, based on the anatomical appearance of the lesions, did not furnish sufficient criterion of the contagiousness or non-contagiousness of these lesions. 3. Clinical experience showed that late lesions were exceptionally, but none the less certainly, the source of the contagion. 4. While in the immense majority of cases the contagiousness of syphilis and its power of transmission ceased after the third or fourth year, yet there were well-authenticated observations to prove that these qualities sometimes continued much longer, and might be manifest the fifth or sixth year, or later. 5. The power of syphilitic parents to procreate diseased children might persist after the disappearance of symptoms. 6. The precise date in the evolution of the diathesis when the syphilitic organism underwent that change which marked the limit of transmissive power was not indicated with mathematical certainty. 7. The type of syphilis, the duration of its manifestations, the constitutional peculiarity of the patient, the character of treatment, the presence or absence of certain conditions which were commonly recognized as factors in the gravity of syphilis, all exerted a modifying influence. 8. All these elements should be taken into consideration in deciding on the propriety of a syphilitic man's marrying. 9. Direct transmission from the father to the offspring, without the mother's becoming affected, could be classed among established facts.—*Phila. Med. Times*, Mar. 19, 1887.

### Secondary Suture of the Ulnar Nerve with Rapid Recovery of Sensation.

In a man, at 50, the ulnar nerve had been severed by the blow of an axe between the olecranon process and the internal condyle. Atrophy and loss of sensation and power in the muscles on the ulnar side of the forearm and the little and ring fingers followed. Dr. F. J. Shepherd made an incision in the line of the nerve and across the scar, readily exposing the two ends, the upper being bulbous and the lower atrophied, and separated about an inch. The nerve was dissected out, the ends freshened and brought together by a continuous suture of fine catgut, and the wound closed and dressed with dry antiseptic dressing. Fairly good sensation in the ring and little fingers, accompanied with a tingling feeling as if the nerve were asleep, appeared the next day. In fifteen days' the wound was firmly united and the patient sent home. Six months later, he reported that he was fast recovering the use of his arm, complaining only of a slight burning pain in the little finger.

Dr. T. G. Roddick also reports a case of suture of the sciatic nerve eighteen months after its division in a man set 26. The operation resulted in gradually returning sensation and motion to the foot and rapid healing of two large and troublesome ulcers on the outer border of the foot. Two years later he could walk without a cane.—*Annals of Surgery*, March, 1887.

### The Different Exudates of a White Color which may be found upon Children's Throats.

Simon shows that we may have

1. Diphtheritic deposits; that is to say, false membranes which have proceeded from the mucous membrane, are deeply adherent to it by fibrous elongations, and frequently accompanied by swelling of the submaxillary glands and slight elevation of temperature.
2. Pultaceous products; that is, epithelial elements associated with mucous membrane.
3. Herpetic products, such as may follow amygdalitis which results from cold. These consist of herpetic vesicles grouped together, giving a product

of a whitish appearance which is soluble in water.

4. Products which result from the cauterization of a granulating surface with nitrate of silver; for example, a syphilitic ulceration.

5. The spots which resemble milk which are seen upon the tonsils of many small children and which are nothing but the caseous products of alimmentation.

6. Muguet of a confluent form or the diphtheroid angina of Lasèque, which occurs in children suffering from typhoid fever, bronchitis, in its severer forms and scarlatina, and which is seen at the bottom of the throat upon the two tonsils and upon the mucous membrane of the isthmus of the pharynx. In this disease, deposits are formed within twenty-four hours as in certain cases of true diphtheria. Only the progress of the disease and the local applications which are made, clear up the diagnosis by demonstrating the absence of cohesion of these deposits.—*Archives of Pediatrics*, Feb. 1887.

### Improved Tube for Intubation of the Larynx.

One of the chief objection to intubation of the larynx is the difficulty of swallowing, the danger caused by the falling of food and fluid into the bronchial tubes through the canula, and the too frequent occurrence of bronchopneumonia. To overcome this difficulty, Dr. F. E. Waxham has modified the O'Dwyer tubes by making them with smaller heads. The tube is prevented from slipping into the trachea by a rubber collar. To this rubber collar is attached a flap or artificial epiglottis. During the act of deglutition, the larynx rises and presses against the base of the tongue and the epiglottis and the pressure of the epiglottis holds the rubber cap or artificial epiglottis over the aperture of the tube, thus preventing the dropping of solids into it and as deglutition ceases, the larynx falls and the elasticity of the rubber throws it upwards. This rubber attachment does not entirely prevent the falling of liquids, of water particularly, into the tube, but it is of very great assistance in swallowing solids and semi-solids.—*Journ. of the Amer. Med. Assoc'n.*, March 12, 1887.



### Observations on Diphtheria.

In a paper read before the British Homœopathic Society, Dr. Neald advocated the oil of eucalyptus as a local application in cases of diphtheria. Early in the course of the disease, it is only necessary to use it as a gargle, say 6-10 drops in half a tumbler of water, to be used frequently, but if the disease has been neglected for a day or two, the fauces should be painted with the undiluted oil. If there is any doubt that the membrane is confined to the fauces, the remedy should be used in the form of steam inhalations. In very young children where laryngeal symptoms threaten, he uses iodine in the bronchitis kettle. The remedy he has used most frequently internally is *mercurius corrosivus*. He has not found it do much good however if the system was profoundly affected. In sthenic cases with higher fever and *pains extending to the ears*, he has confidence in *phytolacca*. Prostration is the main indication that leads him to *mercurius cyan.* *Kali bi.* he uses where the nares are affected. *Apis mel.* has been very useful where there was much swelling. *Aconite* Dr. Neald has never shrunk from using where the fever has been an element of danger. Stimulants, he believes to be rarely required.—*Monthly Homœopathic Review*, March, 1887.

## News, Etc.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its fifteenth annual meeting, at Memphis, Tenn., November 8, 9, 10, 11, 1887. It will consider the following topics—I. The Pollution of Water Supplies. II. The Disposal of Refuse Matter of Cities. III. The Disposal of Refuse Matter of Villages, Summer Resorts and Isolated Tenements. IV. Animal Diseases Dangerous to Man.

LEAGUE TRACT NUMBER 12 has been received from London. Its subject is "Dangers of Modern Medicine," by which is meant the dangers of the recently adopted modifications and appliances of very old medicine. It will be a good thing for homœopaths to read, as well as allopathists. Copies may be had of Mr. E. H. Laurie, 16 Blandford Square, London, N. W., England.

A NEW HOMŒOPATHIC INSANE HOSPITAL.—Minnesota is to have a new state hospital for the insane, to be under the care of homœopathic physicians. It is expected that the Legislature will appropriate \$150,000 as a beginning toward the erection of the buildings. The institution is to be located at Fergus Falls.

ANOTHER HOMŒOPATHIC HOSPITAL IN NEW YORK CITY.—The "Deaconess Institute of the Methodist Episcopal Church," a hospital located at 129 West Sixty-first street, is now open for the reception of patients. It is under the care of a corps of homœopathic physicians.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will hold its annual session at the Ocean House, Long Branch, N. J., June 21st to 24th. The Secretary's address is E. A. Ballard, M. D., 97 Thirty-seventh street, Chicago, Ill.

A HOMŒOPATHIC HOSPITAL AT ST. PAUL, MINN.—We learn from the *Minnesota Medical Monthly* that an organization has been formed in St. Paul for the establishment and maintenance of a homœopathic hospital in that thriving city. A large number of the most prominent and influential citizens are interested in the movement. An eligible site has been secured at a cost of but \$10,000 and the work will be pushed forward in the energetic manner so characteristic of that wide-awake city.

THE TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION will hold its Fourth Annual session at Fort Worth, May 3 and 4, 1887. President, W. F. Thatcher, M. D.,

PERSONAL.—Hugh M. Smith, M. D. and Edward Chapin, M. D., have been appointed on the staff of the Brooklyn Homœopathic Hospital.

Dr. Wm. C. Richardson, of St. Louis, Mo., has removed his down-town office to Rooms 16, 17 and 18, Turner Building, No. 304 North 8th street. His residence remains at 3216 N. 11th St.

Dr. Arthur A. Camp, of Minneapolis, Minn., has retired from active medical practice, and gone into the business of buying and selling real estate and negotiating mortgages. Physicians desiring to transact business of that character in Minnesota should communicate with him.

## Obituary.

J. C. BURNS, M. D.—At a special meeting of the Oxford Social Medical Club, of Philadelphia, held on Thursday evening, March 24th, 1887, a committee appointed to draft a suitable expression of condolence, on the death of our Brother, Dr. J. C. Burns, offered the following word of sympathy to his bereaved family, which was adopted.

*Whereas*, It is with profound sorrow that we have heard of the death of our fellow member and Brother, Dr. J. C. Burns, whose early demise has deprived us of a valued member of our Club, the community of a worthy citizen, the Church of a devoted and exemplary member, and the Profession of a bright, promising, and successful practitioner who wisely used the healing art.

*Resolved*, That in his early removal we, and the community have been bereft,—

*Resolved*, That we do most deeply sympathize with his parents and family in their bereavement and pray that a kind Providence may mercifully sustain them in their affliction.

*Resolved*, That a copy of these resolutions be presented to his family and published in the *HAHNEMANNIAN MONTHLY*.

R. OWENS, M. D.

A. LAYMAN, M. D.

JAS. KEMBLE, M. D., *Committee*.

ALBAN WILLIAMS, M. D.,—Dr. Alban Williams, of Phoenixville, Chester Co., Pennsylvania, died on the evening of March 5th, 1887, after an illness of but an hour. He was born in Willistown township, Chester county, July 7th, 1825. His friend Dr. J. B. Wood, of West Chester, says of him—

"Soon after I commenced the practice of medicine, I became acquainted with Alban Williams. He then lived near Sugartown, Pa., and if I remember rightly, he, in early life learned one of the mechanical arts, and the same time acquired the rudiments of a good English education, so that instead of following his trade he commenced teaching a district school, having in view the profession, which in later life he adorned. After teaching school for a time he began the study of medicine, and after attending the usual course of collegiate study, graduated at the Homœopathic Medical College of Pennsylvania in March, 1858. His college mates were Falligant, Von Tagen, Shearer, Roberts and others, who

have adorned with him, the profession of medicine. I think he commenced the practice of medicine at Moorestown, N. J., where he resided until the outbreak of the rebellion when he entered the Ninth New Jersey regiment as a surgeon, where he served with ability until mustered out at the expiration of its term of service. Being of delicate constitution and not used to hardship, he did not re-enter the army, but determined upon the pursuit of his profession in private practice, and accordingly in 1863 removed to and located at Phoenixville, where he continued to live until his demise, which occurred March 5th, 1887, in his 62nd year. Upon entering his profession here, it may be said, his success was phenomenal. Of genial disposition and pleasant manner, he had the rare facility of drawing his patients to him by his kindness and attention, such as few of us can bestow. Many years ago I was called in consultation with him, arriving at the house of the patient about midnight. I did not find him in slumber, but attending to his patient in slippers and dressing gown, in the dual capacity of doctor and nurse. This attention was not for the night only, but had continued for several days. It is no wonder, therefore, that his patients were drawn to him with hooks of steel, and that his practice remained with him until the close of his earthly career. One thing connected with his practice of medicine deserves especial mention and praise, and that is, his steady and unswerving opposition to the use of alcoholic stimulants in any form of disease, and I am glad to be able to record my testimony as to the utility of his mode of treatment."

He was a member of the Baptist church, active and liberal, and generally respected, not only by his fellow church members, but the community at large.

At a meeting of the members of the Homœopathic Medical Society of Chester and Delaware counties, present at the funeral services of their deceased brother practitioner, Dr. Alban Williams, Mar. 10th, '87, the following sentiment offered by Dr. Hawley was adopted.

*Resolved*, That we hereby express our feelings of regret and sorrow at his demise, and also our sympathy and condolence to his family for their irreparable loss, and to the community in the loss of a good citizen and faithful medical attendant.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

### THE CONDUCTING PATHS BETWEEN THE CORTEX OF THE BRAIN AND THE LOWER CENTRES IN RELATION TO PHYSIOLOGY AND PATHOLOGY.\*

BY D. J. HAMILTON, M.B., F.R.C.S.ED., F.R.S.E.

Professor of Pathological Anatomy, University of Aberdeen.

One of the primary points to be considered in tracing the connection between the cortical so-called centres and those lower down, is the course and attachments of the fibres entering into the structure of the corpus callosum.

It is, I think, almost universally believed at the present day that this body is a commissure; that anatomically it unites equivalent areas in the two cerebral hemispheres, and that physiologically it serves to bring them into functional harmony. Some years ago, when working at the pathology of the brain, I came upon certain appearances which tended to shake my belief in the commissural theory, and which led to an inquiry, part of the results of which are embodied in this paper. The appearances to which I refer are to be seen in the brain of any animal possessing a corpus callosum, when it has been hardened in Müller's fluid, but best in those in which this body is of large size, as in man. It was in man that I first noticed the appearance, but I found afterwards that it is common to

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\* From the *British Medical Journal*.

all callosal mammals. The Müller's fluid in the case of the human brain, or in any brain of large bulk, must be injected from the large vessels at the base, in order to cause it to penetrate properly.

If such a brain, when completely hardened, be simply cut into a series of perpendicular transverse segments, each of about half an inch in thickness, the following can be readily seen with the naked eye or a simple lens :

Coming out of the corpus callosum, at each side, is a large arched mass of fibres, which, leaving the corpus callosum and continuous with it, turns upwards, outwards and downwards in the centrum ovale. The arched mass varies somewhat in shape at different parts of the brain. Thus, anteriorly it represents an almost complete semi-circle, while posteriorly it becomes more pointed. The fibres entering into the composition of the arched mass subsequently pass into the inner and outer capsules. The greater bulk of them enter the inner capsule, and in its anterior limb this mass of white matter is almost entirely composed of them, while a considerable portion also seem to run into the outer capsule, constituting the inner of the two layers of which it consists. Their further course and attachments to underlying parts will be considered afterwards.

This arched mass is very large, quite corresponding in bulk to half of that of the corpus callosum, and, in order to get at once at the gist of the arguments I intend using to explain its nature, I shall start with the postulate that it is mainly constituted of callosal fibres which have arisen in the opposite cortex, have crossed in the corpus callosum, and, instead of turning upwards to become attached to points in the opposite cortex equivalent to those from which they have sprung, are now turning downwards into the two capsules, to become subsequently united with the nasal and other ganglia presently to be enumerated.

In a former paper (*Journal of Anatomy and Physiology*) I have named this mass of fibres the crossed callosal tract; and, as all my work since then has tended fully to bear out the view I then entertained as to its nature, I propose still to retain this nomenclature.

The great difficulties heretofore experienced in investigating the nerve-centres have been, first, the want of a method of preparation by which their gross anatomy could be thoroughly sifted and exposed; and, secondly, of a method by which bundles of nerve-fibres could be distinctly traced or their relationship to nerve-cells indicated. In the endeavor to collect anything like reliable data from the records of lesions of the human brain, it becomes abundantly



evident that until some much more efficient method of exactly localizing lesions be adopted than those generally employed at the present day, little can possibly be added to the knowledge we already possess. Our conception of the functions of some of the most important parts of the central nervous system is as yet so obscure, and, in many cases, so contradictory, that it seems perfectly clear we must be erring in our notions of their physiological and structural significance.

Before continuing the attempt to demonstrate the functions of these obscure regions by the purely empirical means that have been employed of late years, it would, to say the least of it, be desirable to know something about their connections. Would it be considered a scientific method to cut down, for instance, upon the tissues of the axilla, to irritate or partially excise these, and to find that certain phenomena ensued in the upper extremity without, in the first place, endeavoring to differentiate the nerve-fibres of this region, and to display their connections with the parts below? In our present state of knowledge of the construction of the central nervous system we are in a like position. The greater part of the human brain is in fact a *terra incognita*, and I feel convinced that the prevailing conceptions of its mechanism are utterly erroneous. We have attempted far too wide generalizations in times gone by, and the idea of founding a system of psychology upon data such as we are possessed of, certainly to anyone who knows anything about the matter, savors of the absurd.

The methods of preparation I now employ for demonstrating the gross connections of the organ are, with certain modifications, essentially the same as the "gelatine-potash" process I have elsewhere described. My great difficulty in employing Weigert's hæmatoxylene copper stain for medullated fibres has been that of combining it with the method of cutting large preparations in the freezing microtome. I have now completely succeeded in doing so, and have reduced this most serviceable process to great simplicity. Space will not allow of me entering into these technicalities at present, but I intend before long to publish a full account of them.

Could one combine with Weigert's stain for nerve-fibres the aniline-black stain of Sankey and Lewis for nerve-cells, nothing better could be desired as a means of demonstrating the relationship of the conducting nerve-fibres to them. There is this difficulty, however, in the way of complete success, namely, that the aniline-black dye will give its proper reaction only when the brain is perfectly fresh, whereas the hæmatoxylene will act on the nerve-medulla only

when it has been hardened in a chrome salt. I have, however, already succeeded in partially combining the two, and see no insuperable difficulty to fully accomplishing it.

If what I have postulated regarding the crossed callosal tract be true, namely, that it represents the fibres derived from the opposite cortex, which have passed over in the corpus callosum, and which are now turning down to the two capsules, the following data ought to admit of verification.

1. The crossed callosal tract should be capable of being dissected out;
2. It ought to be co-extensive with the corpus callosum; and,
3. It should be possible to trace the fibres microscopically as they turn downwards.

1. Foville long ago showed that an arched ridge of fibres could be exposed by simple dissection turning downwards at each side of the corpus callosum, and he has figured appearances in his atlas which, allowing for a certain amount of artistic embellishment, substantially represent what actually exists. I lately exhibited to the Royal Society of Edinburgh a brain previously hardened in Müller's fluid, in which this dissection had been made, and in which the arcuate mass of fibres was distinctly displayed. At that meeting, I further showed this arcuate mass in horizontal gelatine-potash preparations of the centrum ovale, as clearly mapped out as if it had been drawn with a pencil. Its fibres have a more or less transverse direction, totally different from that of the fibres descending through the medullary white substance from the surrounding cortex.

2. That the crossed callosal tract is coextensive with the corpus callosum can be proved by dissecting it out, or by examination of it in a horizontal gelatine-potash preparation.

3. It is only to be expected, of course, that the fibres should be capable of being traced microscopically, curving downwards from the corpus callosum. This is not so easily accomplished as might be supposed, owing in great part to the fibres running in different planes throughout their course from their points of origin, down to those of their termination.

It has been asserted by Meynert that he was able to trace a single fibre from the cortex of one side through the corpus callosum into the cortex of the opposite side. Anyone who has given even a minor amount of attention to the subject will have discovered that this must be a gross misstatement. The individual fibres diverge and run so obliquely after crossing that it is utterly out of the question, even in



small animals, to think of tracing an axis-cylinder continuously from side to side in a single section.

If the brain be cut perpendicularly in an oblique antero-posterior direction, however, a very considerable part of the course of the bundles of nerve-fibres can be followed, and the most essential part, namely, from about the middle line down to the two capsules, can be traced with precision. Various methods may be employed for staining the fibres as they turn downwards, but that which I have found by far the best is Weigert's hæmatoxylene-stain, modified as previously indicated. By this means, it can be demonstrated that the fibres coming out of the corpus callosum all, I believe, turn downwards to the outer and inner capsules, instead of up to the cortex, as generally asserted. In no case have I been able to see a single bundle of fibres run upwards after emerging, but the whole mass of fibres seems, after having crossed, to turn downwards into the two capsules, and to form the greater part of their bulk.

In a late number of *Brain*, Dr. Beevor has taken exception to this view as originally enunciated by me in a communication to the Royal Society, and in papers which I subsequently published in the *Journal of Anatomy*, in *Brain*, and elsewhere. He says that, in the marmoset, he has been unable to see the fibres turning down in the manner I have described, and gives a drawing which he considers demonstrates that my view is wrong, and that the old idea of the fibres passing from cortex to cortex is correct.\* He asserts that this drawing is not a diagrammatic schema, but an actual representation of a preparation in his possession. He further states that he has made oblique sections as I had directed, but still has been unable to see what I had described.

When I read this criticism, I felt certain of two things: first, that Dr. Beevor had not examined preparations cut in the oblique direction I have recommended; and, secondly, that the drawing above referred to was not an actual representation of the preparation from which it was said to have been taken. If nerve-fibres of the corpus callosum, when magnified, as he says they were, have the thickness of the nerve-fibres depicted in this illustration, they certainly differ from any callosal nerve-fibres which it has been my good fortune as yet to meet with. I was fully convinced that what he had endeavored to depict consisted in reality of the fibres passing into the corpus callosum, and that he had entirely failed to see, as had happened to so

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\* Ferrier, I find, has somewhat hastily reiterated this statement in the latest edition of his work on *Functions of the Brain*.

many before him, those which were issuing from it, owing to his having cut the brain transversely, instead of obliquely. Those entering the body can be readily distinguished from those leaving it by the fact that, while the former are spread out in a regular fan-shaped manner, each fibre distinct from its neighbor, the latter are all aggregated into bundles, from the fact of their having been condensed while passing through the corpus callosum. In justice to Dr. Beevor's statements, however, I resolved to adopt a course which he well might have followed before being so perfectly sure that I was in error, namely, to see his preparations for myself, and to hear his explanation of them by word of mouth. I am constantly being reminded by so-called critics that they are still skeptical of my statements, and the most ardent are those who have never taken the trouble to examine my work, nor really to work at the subject for themselves. The matter is not one which can be settled in an off-hand manner, but requires the most careful scrutiny. If it had been easy to demonstrate what I have recorded, it would long ago have been done. I have never yet failed, however, to convince an unbiased and competent person that every statement I have made in regard to the corpus callosum is substantiated and fully borne out by the preparations which I possess, when that person has done me the honor of examining the facts for himself.

My anticipations in regard to the basis on which Dr. Beevor's criticism was founded were more than realized. I emphatically state that the drawing of the corpus callosum given in his critique in *Brain* is very far from being an actual representation of the preparation from which it was taken. The continuity of the fibres is not such as that he depicts, for immediately at the outer margin of the corpus callosum there is a break in the preparation caused by a large number of fibres having been cut off abruptly, which is not represented in the drawing. The fibres so cut across constitute those I have described as turning downwards. They have been severed, because they do not lie in the same plane as those entering the body. I further found that the oblique preparations he had been examining had been cut in an entirely wrong direction, in a direction which was calculated to divide the crossed callosal fibres, instead of rendering them more apparent. As I have elsewhere stated, he has not followed the directions I have so explicitly given in various of my published papers, and until he does so it is useless to argue the point. If he will harden the human brain, or that, say, of a sheep, by the method I have recommended, and cut this perpendicularly in an oblique antero-



posterior direction, he will see what I have described. If he fails to do this, he will still continue in unbelief. I have over and over again exhibited preparations before competent judges, stained by my modification of Weigert's process, with the invariable result that they have confessed to the downward course of the crossed callosal fibre being indisputable. Individual axis-cylinders it is impossible to trace throughout their entire course, as I have already indicated, but the continuity of individual bundles between the corpus callosum and the capsules can be demonstrated in all the mammals I have examined. The great drawback to tracing the course of the crossed callosal fibres, I believe, rests on the fact that, after crossing, those which lie anteriorly run obliquely backwards, while those which lie posteriorly run obliquely forwards, the point to which they all tend to converge being the knee of the inner capsule.

It consequently happens that, cut the brain in whatever plane you choose, the fibres will be divided at some point. In a completely transverse perpendicular section the crossed callosal fibres are usually divided, and, being represented only by small fragments, are very apt to be overlooked in the dense mass of nerve-medulla lying in their neighborhood.

Such being the course of the fibres as they issue from the corpus callosum, let us next consider where those which enter it are derived from.

Of late years a good deal has been written of the most interesting plexus of fibres which exists in the cortex of the cerebellum and cerebrum, by Exner, Weigert, Butzke, Gerlach, Rindfleisch, Boll and others. It seems likely that since the discovery of these fine cortical plexuses our whole notions, as suggested by Hill, of what are known as nerve-centres, and of the communication which exists between nerve cells and fibres, will shortly be revolutionized. The plexuses to which I refer can only be seen when certain methods of staining are employed. Exner, who is generally regarded as having discovered the plexus in the cerebral cortex, employed perosmic acid and ammonia, but since then (1881) the reagent used for the purpose of demonstrating it has almost exclusively been Weigert's hæmatoxyline stain previously referred to. This brings out an appearance in the cortex, both of cerebrum and cerebellum, which is truly marvelous. In the cerebellum it is particularly dense, but I have also found it in all parts of the cerebral cortex I have examined.

What I would especially wish to direct attention to, however, is that this plexus not only prevails in the cortical gray matter, but appears

to intertwine itself round the nerve-fibres throughout a great part of the white. The large medullated fibres from the cortex run into the white matter, but almost immediately become surrounded by a dense padding or casing of this fine plexus of nerve-fibres. At first it might be supposed to be simply connective tissue, and it has in times gone by been always regarded, when indistinctly seen by other methods of demonstration, simply as the branching neuroglia. The plexus I refer to as pervading the white matter of the brain is, however, nothing more or less than a true nerve-apparatus of extreme complexity, and that which is found in the cortex of the cerebrum and cerebellum is simply an extension or outcrop of this. It also exists in certain of the ganglia, such as the thalamus and lenticular nucleus, but there is one part of the brain in which it is probably more highly developed than in any other, namely, in a little comma-shaped body which lies in the angle formed by the caudate nucleus and the corpus callosum. This body, whose presence I have never seen even referred to, is one mass of a dense and complicated nerve-plexus, without nerve-cells, so far as I am able to discover. It is contiguous to the caudate nucleus below, but the tissue of the one is separated from that of the other by a sharp line of demarcation. It passes for a short way underneath the corpus callosum; and the fibres constituting the plexus of which it is composed are directly continuous with the fibres of the plexus in the white matter of the brain, to which I have already referred. It is only lately that I have made out the true nature of this mass, and as yet I am at a loss to give it a name. Let us call it for present purposes the plexiform nucleus.

The large masses of nerve-fibres coming in from the cortex are therefore immersed, at it were, in a dense plexus of nerve-fibres, and those which are callosal take the following course in entering that body.

The most of those which come down from the vertex appear to run directly into the corpus callosum, and interlace in doing so with those leaving it, which are turning down to the two capsules. Those which are derived from the lower third to a half of the cortex extending between the Sylvian fissure and the great longitudinal fissure do not appear to run directly into the corpus callosum, but pass first of all into the plexiform nucleus just described. Shortly after issuing from the gray matter, they become united into strands which penetrate through the fibres of the crossed callosal tract, and which finally pass into the plexiform nucleus just described. They seem to lose themselves within this by breaking up into its reticular network. From



the callosal end of this plexiform nucleus fresh fibres appear to rise, and to enter the corpus callosum. In all probability, these turn downwards on the opposite side into the two capsules as fibres of the crossed callosal tract. This plexiform nucleus would thus represent a meeting-point for many of the callosal fibres before they proceed to cross. The individual fibres lose their identity within it by splitting into an anastomosing common network, and from this network again fresh fibres arise, which travel across the corpus callosum to the opposite side.

The fibres which enter the body are chiefly derived from the region of the motor centres which in man have been found to preside over the muscles of the tongue and face, that is to say, the lower parts of the ascending frontal and parietal convolutions, and it is quite possible that the function of the plexus contained in it is to correlate and associate the action of the various fibres coming from these parts, so that they may exert a combined influence.

After passing into the inner and outer capsules, the arched callosal fibres just described become united into dense bundles; and the next point to consider is their subsequent distribution. A very large proportion of them certainly lose themselves in the thalamus opticus. The excessive fibrous appearance which the thalamus presents is due to these fibres passing into it. They probably break up into a network, in the meshes of which are intercalated the nerve-cells. Are these nerve-cells directly connected with the nerve-fibres entering the ganglion, or is the plexus referred to intermediate? The more I examine the cortex and basal ganglia, the more enamored do I become with the idea that the union is not direct, but that a plexus intervenes in most cases between the two. I am not certain about the large motor cells of the cortex, but in the case of the other cells of this part of the brain, and in that of the cells in the basal ganglia, it seems much more probable that the actual termination of the nerve-fibres is in a plexus, and that this plexus simply surrounds the nerve-cells. I am not at all convinced, even, that the nerve-cells in all cases are directly connected with the plexus by their processes. How do we know that nerve-energy generated in cells may not exert its influence upon nerve-fibres in ways other than by direct continuity? Is it not conceivable that it may be transferred to the coils of a dense plexus through the liquid and neuroglia which fill up the intervals in the tissue, and that conversely peripheral stimuli may thus be conveyed to a nerve-cell? I think this is quite possible, and the idea has of late been entertained by several physiologists, both in this country and abroad.

Few, if any, callosal fibres end in the caudate nucleus, and, curiously as if supporting this observation, the plexus in the caudate nucleus seems to be very scanty. The lenticular nucleus may receive through the striæ medullares a considerable number, and probably some of the fibres connected with the red nucleus may be also callosal. A large number appear to end in the pons and medulla oblongata, while there is a probability of certain of them even penetrating down to the spinal cord.

This paper, however, is concerned with the connections between the cerebral cortex and the centres lower down, and as yet I have referred to only one set, namely, those which are callosal and which cross from the opposite side. There are others, of course, which run down directly, and of these the motor fibres are among the most important. These direct motor fibres lie to the outside of the crossed callosal tract, and, like it, bend somewhat outwards in circumventing the ventricle. Those derived from the marginal gyrus seem, at least in the sheep, to lie in very close apposition with the fibres of the crossed callosal tract. In man, I calculate that about one-third of the fibres entering the anterior two-thirds of the posterior limb of the inner capsule are direct while the remainder are crossed callosal.

From experiments made upon the cortex, it is evident that these are derived from a wide area, one, indeed, so wide that it comes to be a question how it is that the fibres are so few when they decussate in the medulla, and become connected directly, or through the intermediation of the spinal cord, with the peripheral nerves. The notion at present held by most physiologists is that, from the motor cells of the cortex, fibres issue which are continuously prolonged downwards to the spinal cord. But if we consider the matter for a moment, it must be evident that they must have suffered much in bulk by the time they reach the medulla, and that the pyramidal fibres of the medulla or cord cannot represent the whole of the motor fibres derived from the motor area. How, then, is the sudden falling off to be accounted for? My present conviction is that the direct continuity of the process of a ganglion motor cell in the cortex and the pyramidal tracts of the spinal cord is a myth. Try to follow them from the cortex inwards, in the best stained preparation to be had, and you will find that, shortly after they enter the centrum ovale, you lose their direct continuity, and they appear to merge into the plexus, which I have just described as pervading the whole medullary white. My firm belief is that, just as in the case of many of the callosal fibres, the motor fibres break up into a plexus, from which again



fresh fibres, those which enter the pyramidal tracts, take their origin. When the pyramidal tracts in the cord are affected by secondary degeneration, the implicated tracts are mapped out with the utmost precision, and the degeneration never overlaps them. Can the same be said of the degeneration further up in the centrum ovale? I do not think that it can. There is always more or less diffusion of the tract below the point of lesion, if that be cortical, and the explanation, I think, is to be found in the interposition of this plexus. The plexus is a means of reduction and association, a means by which the action of the many fibres coming from a particular cortical area may be combined and correlated in the few.

But the direct fibres entering the inner capsule are not all motor in their function. There are many other bands which enter it and whose function varies. Thus there is a large contingent of fibres which passes into its posterior limb from the parieto-occipital region, and whose function there cannot be much doubt is sensory. It has been shown, over and over again, that when it is destroyed hemi-anæsthesia results.

One of the main differences which exist between the brain of man and that of the lower mammalian types consists in the disproportional size of the white and gray matters. In man the white matter is relatively more abundant than in the brain of any other mammal I have examined, and the lower we go in the scale the greater the disproportion appears to be.

Now, the cause of this, I think, seems mainly to reside in the fact that this intertwining plexus which ramifies through the whole centrum ovale is vastly more abundant in man than in the lower animals, and hence, probably, the superiority of the human brain, as an instrument of association, may be accounted for.

Then there is a large band of fibres which come from the prefrontal region, and which enters the anterior limb on its way back to the anterior nucleus of the thalamus, to which it becomes attached. The geniculate bodies and the pulvinar finally are connected by direct bands with the occipital region.

I have said that a large number of callosal fibres pass into the thalamus opticus. They lose themselves in it, apparently by becoming connected with a dense plexus. In conclusion, let me ask the question whether there are any fibres which leave the thalamus, and, if so, where do they go to? Do fibres descend from the thalamus into the cerebral peduncle, to enter ultimately into the spinal cord? I am becoming daily more and more convinced that, if such do exist, they

must be small in number. The thalamus no doubt has certain bands of fibres entering it which are not callosal, but these seem to connect it with part of the cortex associated with which experiment has shown are definite and well located functions. Thus there are the three so-called peduncles of the thalamus, uniting it respectively with the prefrontal region, with the nucleus amygdalaris in the temporo-sphenoidal lobe, and with the hippocampus major. But these differ entirely in their nature from the fibres which are supposed to leave the thalamus and to pass downwards with the other descending cerebral tracts, and it seems to me that the latter, if they do exist must be in small quantity.

How then is the thalamus connected peripherally, and what is its use? As yet any statement on this subject must necessarily be largely of the nature of a mere conjecture, but my researches incline me to believe that it is almost exclusively connected with the education of the brain through the optic nerves. Of all the nerves in the body, the optics are those by which the brain is mainly educated. They are in constant use, imperceptibly opening up the cortical gray matter to impressions made upon the periphery by light vibrations. How is this brought about? What is the connecting link between the peripheral retina and the central cortex? Vision is said to be located in the occipital lobe, but I would ask if the optic does not equally subserve a most important function in educating other parts of the cortex as well as this small area? How is it that the motor centres, for instance, are educated to a particular complicated act, purely through the sense of sight?

What is the mechanism by which a sudden visual impression, accompanied by a sense of danger, will serve instantaneously to throw the body into a complicated attitude of defence? This introduces far too wide a subject of discussion to take up at present; but it seems to me extremely likely that the thalamus is an educating optic ganglion, in the sense that the callosal fibres entering it have their functions concentrated within its substance, and that these fibres are the means of educating the opposite side of the brain through vision.

Where the corpus callosum has been destroyed in infancy, the invariable results seem to have been imbecility. There are certain congenital deficiencies of the body which have been recorded unaccompanied by any symptom of note, more especially one described by Eichler. In these latter cases, however, it seems, from an examination of their records, that we have to do not with a deficiency in the actual callosal fibres, but with a malformation by which they have



failed to decussate in the middle line, just as so frequently happens in the anterior pyramids.

On the supposition that the thalamus subserves the purpose of concentrating the fibres which educate the higher centres through the optic, I can quite easily see how, if it were destroyed in adult life, no very evident symptoms might follow. It has already subserved its purpose to a great extent. The higher centres have been educated, and are capable of discharging their functions apart from the channels through which that education has been imparted.

Nay, I could go so far as to grant that a large part even of the corpus callosum might be annihilated in adult life without occasioning any very marked phenomena. It has already played its part, so to speak, in infancy and youth, and may in a manner be now considered as functionally inert. The impressions made upon the cerebral cortex through it are quite possibly recalled by a perfectly different set of channels; for I do not see why in the brain-economy there may not be paths for educating the higher centres through vision, hearing, touch, and so on, and a whole set of other paths by which the results of this education may be brought into action. If such be the case—and I advance this simply as a surmise—I should regard the callosal system of fibres as the great educating system; while the other direct bundles to which I have adverted would constitute the means of adapting this education to a utilitarian purpose.

In the case of those born blind, this education, of course, could not go on through the optic circle of communications, but would take place by means of the nuclei of the nerves of special sense situated in the pons and medulla and the crossed callosal fibres connected with these.

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### THE PRACTICAL TREATMENT OF THE INSANE.

BY SELDEN H. TALCOTT, M. D., MIDDLETOWN, N. Y.

(From the transactions of the New York Homœopathic Medical Society.)

The insane must be cared for either at home or in suitable asylums; or else they must be neglected and allowed to wander in the woods and mountain fastnesses, as they were at the time when the Healer of Gennesaret performed his mighty mission. So long as the patient is not dangerous to himself or others, so long as he or his friends have the means and the willingness to employ skilled nurses and able physicians; so long as the causes of insanity do not rest almost entirely upon the irritations of his home surroundings, the insane man may be cared for in his own home, or he may be looked after and maintained

in a private family, which is not his residence. But if the patient becomes dangerous to himself or others, if his financial abilities fail, if the exciting causes of insanity may be traced to the hardships of business, the cares of every-day life, or to the frictions which sometimes arise at home by reason of incompatibilities or vexatious burdens; if such care and treatment as are most likely to promote recovery cannot be secured at home, then the patient may be sent to an asylum where he may be at least maintained at reasonable cost, and, if possible, cured, at the minimum expense, either to the public or to his friends.

The honor of establishing the first asylum for the insane in the world is due to the monks of Jerusalem, who in the sixth century built a refuge and a home for the insane dwelling at the far East. Southwestern Europe received its first asylum at the hands of a begging monk, in the fourteenth century. This monk was moved to pity for the insane by seeing these unfortunates running about without care or comfort, in the streets of Valencia, in Spain. To the Quaker Christians of England is due the honor of improving the condition of the insane, by converting madhouses into asylums for care and treatment.

Wherever the light of the Gospel has penetrated the darkness of sin and crime, there, in the light, and among the brightest and most conspicuous evidences of Christianity, we find the towering walls of asylums for the care and cure of the insane.

Whoever seeks to decry these institutions, whether influenced by personal spite, or greed for personal pelf, is an enemy to the teachings of the Golden Rule. Whoever seeks to upbuild, to maintain, to improve, and to promote the best interests of asylums for the insane, is doing a work which do honor to the memory of a John Howard, of a George Peabody, a Florence Nightingale, or a Dorothea Dix.

Nowhere in this world have insane asylums been built with greater care, and nowhere has success in the treatment of the insane been more manifest, than in these United States. Every State has its asylum, and some of them have several, for the care and cure of this unfortunate class in the community. Millions of dollars have been wisely, yet liberally, expended in this and other States for the purposes aforementioned; and the wisdom of the statesman continues to respond to the demands of the people.

The laws for the protection of the insane have been thoroughly investigated, and in this State carefully codified; and in these laws we



find rules for the admission, retention, and discharge of all classes of the insane. No man can restrain a lunatic outside of his own home in any private house or in any asylum, unless that patient is duly committed according to law. No asylum can be opened until it has been duly incorporated, and recognized by a special law. And no private house can be used for the special detention and care of a lunatic, unless that house has been first inspected and approved by the State Commissioner in Lunacy, and a license granted by him. Whoever treats a lunatic other than in accordance with the foregoing provisions is a law-breaker, and liable for damages for false imprisonment in every case.

Many other States have made similar laws as those which are now in vogue in the commonwealth of New York.

The measures for placing the insane under care and treatment having been briefly explained, the next question arises: "What shall be the treatment of those suffering under the visitation of insanity?"

Wherever it is practicable, the insane person should be afforded the benefits of a change of climate; that is, those who have lived and become insane in the valleys, in large cities, and along the sea-shore, should be afforded the benefit of mountain air and inspiring scenery; while those who have come to suffer with insanity while living in mountain regions, should be made to try the effects of the atmosphere and the inspirations of the untiring, ever-changing, and constantly resounding ocean.

The insane should be placed in buildings which are, from a sanitary point of view, above reproach. Fresh air should be constantly furnished, and even temperature always maintained. To accomplish these ends, the rooms should be large and the facilities for changing the air frequently should be secured, and the heating of such rooms should be by steam or by hot water, thus avoiding the irritations and the dangers which arise from stoves that are constantly emitting more or less the gases and other impurities from coal.

The personal measures to be adopted for the insane are, first, gentle discipline, attended always by invariable kindness; secondly, rest; thirdly, exercise; fourthly, diet; fifthly, mental and moral hygiene; and, sixthly, medicine.

Samuel Hahnemann recognized the necessity for kindness in his treatment of Klockenbring, the celebrated Secretary of the Chancery of Hanover. The immortal Hahnemann declared; "I never allow any insane person to be punished by blows or corporeal inflictions, since there can be no punishment where there is no sense of responsibility.

The physician of such unfortunate creatures ought to behave so as to inspire them with respect, and, at the same time, with confidence. He should never feel offended at what they may do, for an irresponsible person can give no offence."

The suggestions of Samuel Hahnemann are the key-note for treatment in all cases of insanity.

It is difficult to meet insane people and listen to their torrents of abuse sometimes, and still maintain an even temper. But if the person caring for a lunatic remembers always the irresponsibility of the patient he may then bear a serene front in the midst of terrible insane abuse.

The insane are always sick. Therefore they always need the treatment which is commonly accorded to sick people. Under the influence of insanity the usual tendency is to undue excitement, and to undue physical activity.

If the patient is wasting in physical strength under the encroachment of his disease, he should be made to rest. He should obey Macbeth's command to Seyton: "Get thee to bed!" And he should stay there until the excitement has subsided, the irritations of disease have been allayed, and the process of recuperation, both physical and mental, has been thoroughly inaugurated. Then he may begin once more the normal activities of life. These, however, should be resumed with that caution which is enjoined by the old Latin law, "*Festina lente*"—make haste slowly.

During the process of rest especial attention should be given to the administration of diet. The insane, as a rule, bear large quantities of liquid food. It has been our custom to administer liquid food, to weak cases, once in three hours, from 6 A. M. to 9 P. M. Milk and beef tea, the one as a nourishment and the other as a stimulant, seem to make a happy combination in the diet of the insane. For solid food at the outset, toasted bread, baked potatoes, and boiled rice or oatmeal are all that may be necessary. As soon as a practical gain in weight has been accomplished, then the patient may indulge in full quantities of such food as he likes best, and such as agrees best with his physical idiosyncrasies.

Rest and diet having been administered under the daily watchful care of a good physician, until a positive gain has been made, then, by his orders, the resumption of ordinary exercise may be slowly but successfully carried on. During the long, tedious period of recuperation there may come, first, the study of pictures, the reading of light periodicals, and short conversations with friends. Each day of



convalescence may bring an added privilege, until one may read a book, or take a stroll with a trusted nurse or with a judicious friend.

The medical treatment of the insane under the homœopathic plan has been pursued in one of the asylums of this State for a baker's dozen of years. That experiment has been eminently successful. There has been a gradual increase in the recovery rate, and a decrease in the death rate, at the institution at Middletown; until, during the year ending September 30, 1886, we find the recovery rate 50.95 upon the whole number discharged, and the death rate 2.00 upon the whole number treated.

In looking over the records of an asylum which has been established more than forty years, in this State, we find that in the most favorable year in the history of that institution there has not been a death rate as light as that which was gained during the past year at Middletown.

The causes which have produced these results have been very briefly outlined in this paper for the benefit of this Society. In addition to the means already described, we have used homœopathic remedies, applied according to the doctrine *Similia Similibus Curantur*, and we have used no other medical treatment among our patients. So long as the results are better than those obtained by our allopathic brethren, there can be no temptation to return to the "flesh pots of Egypt."

The remedies most frequently applied for the cure of the insane are: Aconite, Arsenicum, Belladonna, Hyoscyamus, Stramonium, Veratrum album, and Veratrum viride.

A second group, of perhaps a little less importance, are: Baptisia, Bryonia, Cantharis, Chamomilla, Cimicifuga, Ignatia, Natrum muriaticum, Pulsatilla, and Sulphur.

These are some of the most common remedies; but we seek always in our prescriptions to find that remedy which covers the totality of symptoms as presented by the patient. Acting upon this plan we feel encouraged by the results of the past to keep on with our investigations and our experiments in the future; until we have found better and surer means for the cure of the insane.

As an illustration of the benefits of the rest treatment and suitable diet, we present the following case, collated by Dr. Williamson, my assistant, from our case books:

No. 1988 was admitted to the State Homœopathic Asylum for the Insane, December 10, 1886. The patient was a female; age, 30;

single. She was of a nervous temperament, but had no history of an inherited predisposition to insanity. About five years ago this patient caught cold while menstruating, and the menses were suppressed. This was the supposed cause of the present attack. During the past five years this young lady had had repeated attacks of excitement, during which she was very violent, and on one occasion had threatened to kill a brother. When admitted to the asylum she was pale, weak and anæmic. She weighed ninety-one pounds; her pulse was 88, and weak; her temperature was 100.2; respiration 20; pupils dilated; appetite poor; bowels constipated; menses regular as to time, but very profuse. The patient was, and had been, greatly troubled with insomnia, and for two years previous to admission to the asylum she had been able to secure sleep only by ether inhalation, or chloroform, or by the use of the hydrate of chloral.

When admitted, the patient was very much excited, and quite noisy, screaming about people applying electricity to her. Afterwards was very tearful for several days.

Considering the cause, the condition, and the mental symptoms presented, she received Pulsatilla. The patient was placed in bed, and perfect rest enjoined. The diet ordered was hot milk, hot beef tea, Mellin's food, and other easily digested nourishment, as the appetite of the patient craved, such as broths of various kinds.

The day following admission the temperature of this patient had returned to the normal. This patient remained, without restraint of any sort, quietly in bed; and on the 5th of January, 1887, she menstruated without pain, without excessive flow, and without any return of the delusions or mental excitement. While menstruating, the only abnormal exhibition was a tendency to weep in a quiet and subdued manner.

On the fifteenth of January, about five weeks after admission, she was allowed to sit up for the first time. The pain in the ovarian and uterine regions, which had troubled her for about five years, had entirely passed away. Since that time she has been able to walk about, both in and out of doors, visiting the green-houses, and strolling around the grounds as much as she wished.

February first, fifty days from the date of her admission, she weighed 114 pounds, a gain of 23 pounds. This patient now sleeps well, has a good appetite, is in good spirits, and her mind is clear and free from delusions.



## SOME OF THE RARER SYMPTOMS PRODUCED BY GALL-STONES.\*

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The occurrence of gall-stones is so common, and the symptoms of biliary colic are, in a general way, so decisive, that, in dealing with the effects produced by gall-stones, I shall ask to be allowed to pass over many points which, in a complete treatise, would be, necessarily, subjects of primary consideration. Therefore, I do not intend to discourse either on the structure of gall-stones, or on the way in which they come to be formed; nor to describe biliary colic as commonly seen; nor to enumerate all the possible wanderings of gall-stones, either to exit by one path or another from the body, or to intrusion into various organs; nor to discuss treatment, operative or not operative, seeing that this relation is to be discussed in another section.

I will ask you to follow me in two lines of thought. Accuracy of diagnosis occupies, in all cases, the primary attention of the practical physician. In this aspect, it appears to me, on the one hand, that cases in which gall-stones have existed without producing the symptoms commonly indicative of their presence may be found worthy of consideration; that, on the other hand, cases illustrating uncommon effects due to the presence of gall-stones may be found to have a value, a very different value of their own. Around this thread of diagnosis investigation winds the thread of inductive or explanatory investigation, every turn whereof may send us to contemplate some fresh and important relation to the whole organism of the small area affected by disease. In this aspect we are rather philosophic observers than practical physicians. If we are to do all that is required of us, we must be both; and we may be sure that it will ever come about that in this duality each comrade will minister to the other. I will first call your attention to gall-stones which give rise to no symptoms.

*Gall-stones Existing without Symptoms.*—It is a common experience of the *post-mortem* room that gall-stones, small and large, solitary or in hundreds, shall be found in the bodies of persons whose medical history contains no record of suffering or disease such as our present knowledge would refer to gall-stones; and that, structurally, no evidence of serious local mischief determined by the presence of concretions shall be apparent. Are there, one is tempted to ask, people who pass gall-stones unconsciously, and without symptoms, as there are

\* From the *British Medical Journal*.

people who pass renal or vesical calculi, without other signs than the migrations of the calculi into the chamber-pot?

*Gall-stones Passed without Symptoms.*—The occurrence of what is generally spoken of as biliary colic, with vomiting, with sequence of jaundice, and of the fecal and urinary signs of retention of the bile, constitute, I think you will allow, the most obvious signs of the existence of gall-stone. But gall-stone of large size may exist, and may find its way into the bowel, without producing any symptoms whatsoever of biliary colic. Here is a specimen which I showed some time ago at the Pathological Society of London. It was sent to me by my friend, Mr. Carr H. Roberts, of Kensal Town. I always call it the "twin," because it was passed by a lady on the day after her confinement, with such difficulty as almost to constitute a second labor. This lady had, so far as I can learn, no precedent signs of gall-stone whatever, and it must be supposed that adhesion had taken place between the gall-bladder and an adjoining coil of intestine, and that a painless ulceration had offered an easy retreat to the concretion. But we all know that the obstruction met with in this case at the anus may occur in the intestine. Most of us have, no doubt, seen cases of the kind. I have seen several. One, which I saw with Mr. Bullock, of Isleworth, I should like to quote. A lady, aged between 60 or 70, was attacked suddenly with symptoms of intestinal obstruction; a careful investigation led to the belief that the obstruction was mechanical and within the abdomen. Mr. Thomas Smith, of St. Bartholomew's, was accordingly asked to give his help. He first opened the abdomen at a point where most pain was felt. He then minutely examined the state of the intestines, bringing out through the small orifice the nearest coil of intestine, and working from this in both directions, a fresh coil being brought out after its predecessor had been examined and returned. A piece of jejunum, about 5 inches long, was at length extruded, in a state of intense inflammation, black and rough on the surface. Nothing abnormal could be felt within it, and we supposed that it had undergone some strangulation, which had been relieved by the operation. The patient died the next day, and a very limited *post-mortem* examination was allowed. A large gall-stone was, however, found, embraced strongly by slightly inflamed intestine, a little below the seat of inflammation already observed. The gall-stone had, of course, been moved on, without being felt, in the manipulation. Now, in this case, reviewed after the knowledge of the actual existence of conditions stated, it may be observed that no ordinary symptoms of gall-stone had presented themselves. It follows that in considering



the possible causes of any case of intestinal obstruction, we are not justified in excluding impaction of gall-stone, even though all history of previous biliary colic or of jaundice be wanting.

*Gall-stones Giving Rise to Pain, etc., without Jaundice.*—The case just recorded leads on to the consideration of a fact of great importance, namely, that gall-stone may give rise to various kinds of pain and suffering, to inflammation, and even to death, without the occurrence at any time of jaundice. Such cases are far from rare, and are to me of great interest. Let me quote two or three illustrative histories.

Some years ago, I was asked to see the wife of a clergyman in the East of London. I was informed that she was subject to irregularly recurring attacks of fearful pain in the region of the gall-bladder, with associated vomiting and faintness. She had never had jaundice, nor passed pale stools. Many physicians had seen her, whose diagnoses had ranged between uterine irritation at one pole, and cancer at the other. The absence of jaundice, and of the other signs of obstruction of the common bile-duct, left the clinching of the diagnosis impossible, and the idea of duodenal ulcer was chiefly entertained. The patient died in an attack a few months later, and was found to have had a large biliary calculus, which had made its way through a perforation of the gall-bladder into the peritoneum.

Medicine, we may observe, is full of seeming paradoxes. One such paradox is here presented to us, in that, granted a disease having generally definite symptoms, death or danger occur frequently in such disease without previous presence of—rather with conspicuous absence of—the symptoms held to be most decisive of its presence. Let me, in passing, commend this seeming paradox for your consideration.

In a second case belonging to this class, the patient is an unmarried lady of 40, who is still under my observation. During the last three years she has had, from time to time, attacks of severe pain in the epigastrium, not related with food taking, lasting for several days, almost continuously, but with recurring periods of intensity in which she has become faint. Vomiting has soon followed the pain, and has recurred at intervals, the vomited matter containing, besides ingesta, bile and mucus. There has been no jaundice; the feces have been always of natural color; there has been no bile pigment in the urine. When I first saw her, a year ago, she was supposed to be suffering from new growth in the stomach. Her appearance did not support this idea. Although she had lost a good deal of flesh, she was still well nourished; her face was placid, and was free from all expression

of anxiety; the tint of her skin was healthy, its texture soft and elastic. I saw her then in the interval of comparative ease following an attack. She still had uneasiness and distinct tenderness in the epigastrium. The abdominal wall was tense, from the xiphoid cartilage to the umbilicus, and through the tension it was possible to feel a somewhat extensive sensitive induration, corresponding in position to the right end of the stomach, the duodenum, and the gall-bladder. No special enlargement of the gall-bladder was made out, though, of course, carefully sought. The symptoms of gastric catarrh were present. Under treatment, chiefly directed to the relief of the gastric catarrh, she improved for some time; but, some months later, I was summoned to see her in consultation with Dr. Brockwell, of Gipsy Hill. She was then in the midst of one of the severe attacks of pain which I have described; there was again no jaundice or other sign of biliary obstruction. Two or three days later she passed, with a soft motion, a hard body, which attracted notice by the noise which it made in falling into the closet-pan. This hard body was broken up by her nurse. Fragments of it, subsequently brought to me, were clearly fragments of a gall-stone, and, as far as could be made out, of a gall-stone of considerable size. The passage of the gall-stone was followed by cessation of the urgent symptoms, and by rapid improvement in the general health. Within the last few weeks another attack of the same kind has ended in the passing of the stone which I now show. It is, as you see, a large stone, and presents at least five facets, indicating probably that it has had, at least, five companions of much the same size.

To these cases I will add a brief note of a third, which was under my care in St. Thomas's Hospital. In this case, after symptoms simulating cancer, but without jaundice, a gall-stone, escaping by ulceration into the duodenum, produced fatal obstruction in the upper part of the jejunum.

You will observe that, in three of the cases quoted, large gall-stones found their way into the intestine without the occurrence of jaundice or other sign of biliary obstruction.

The disproportion between the size of the stones and the size of the gall-duct renders it to the last degree improbable that the entry into the intestine was effected through the duct. The last case indicates the track probably taken by all—through an adventitious ulcerative perforation, leading, in the first case, into the peritoneum, in the rest, into the intestine, after the previous establishment of protective adhesions. In two cases, the process was attended with great suffering,



and with signs of inflammatory thickening so marked as to suggest the existence of new growth. In the remaining case, which is far from standing alone in my experience, the process of ulceration and escape was attended by no sign, the obstruction being the first condition to attract notice.

These cases, and the recorded experience of many good observers, must lead us to remember that, although no sign of biliary obstruction be present, gall-stones must be kept in mind as possible factors in cases of recurring pain, vomiting, tenderness, and thickening in the epigastric region; that is to say, where cancer, ulceration of the pyloric part of the stomach, or of the duodenum, may be also suspected.

The class of cases in which no suffering is recorded, although large calculi have escaped from the gall-bladder, is certainly puzzling. The passage of the stone into the intestine must have been permitted by processes of ulceration of the gall-bladder, of adhesions of the gall-bladder to the intestine, and by subsequent perforation of both parietes. Yet the several histories tell us of no symptoms of the occurrence of such processes. Here is another paradox less easy to solve than the former.

In our consideration, we have, so far, been fixing our attention mainly on the nomadic gall-stone. We might, if time should have served, have followed it in many an excursion. A reference to text-books and monographs will readily indicate a great number of tracks by which a gall-stone, once escaped from the gall-bladder, has been known to travel to exit from the body, or to intrusion, mostly fatal, into viscera or into serous cavities. These tracks are so fully set forth in many books, that I do not propose to deal with them now. I leave them for the (to me) more interesting study of little noticed and more remote evils wrought by gall-stones.

*Gall-stones producing Intermitting Pyrexia.*—First, let me speak of the occurrence in relation with gall-stones of a form of fever, with precedent rigors, occurring at more or less irregular intervals, so as to present some resemblance to an ague, but to an ague not of ordinary character. My attention was first called to this complication by some remarks of the late Dr. Murchison, having reference to the case of a distinguished Indian medical officer, who, after his return to this country, was attacked with paroxysms of shivering, followed by fever and sweating, at regular weekly periods. He was supposed, at first, to have a recurrence of an old intermittent; later on, to have hepatic abscess; till, at last, his symptoms indicated, and the necropsy proved,

that his actual and only disease was gall-stone, so impacted as to produce great irritation, but not complete obstruction of the common bile-duct. Similar cases have been noticed by M. Charcot (*Maladies du Foie*, 1877), who argues that “la fièvre hépatalgique, comme celle de l’angiocholite, résulterait de l’introduction dans le sang de l’agent pyrétogène hypothétique provenant de l’altération de la bile.” Dr. Murchison was of opinion that such attacks were not of poisonous or septic origin, but were due to nervous irritation; and he compared them to similar intermittent febrile seizures observed in connection with the passage of renal calculi. Charcot has touched upon these also, and has evidently accepted in them the idea of a uro-septic fever. For my part, I believe that the paroxysmal fever here considered is due to local irritations of mucous membrane, propagated to the central nervous system, and resulting in pyrexia, mostly in persons apt to take on febrility, and particularly in persons who have been previously the victims of intermittents.

The whole subject of the tendency of irritation of mucous membranes to produce remittent or paroxysmal pyrexia is one which has yet to be studied completely; but, as a clinical observer, I believe that I can recognize such tendency, not only in enteric fever, but in catarrhs of all kinds, specially in children as regards mucous surfaces generally, specially in persons of all ages in as regards catarrhs of intestine, or in catarrhs of the urethra, particularly when the prostatic portion thereof is involved.

*Gall-stones producing Glycosuria.*—In relation to this question, there is much to be taught by the case of a gentleman of the age of 60, who first consulted me in December, 1884. He had lived many years in Ceylon, where he had severe jungle-fever. After returning to England—after, indeed, some time of residence at Bedford—he had become subject to regularly recurring attacks of biliary colic, with jaundice, and with “ague fits” of great sharpness, coinciding with the biliary attacks. The liver and the spleen were found to be enlarged. He was very thirsty at all times, was passing much urine, and he was wasting. The urine at this time ranged in quantity from fifty to seventy ounces daily; its specific gravity ranged from 1026 to 1032; it contained much sugar and much albumen. The case, after exclusion of all other conditions productive of febrility, seemed to me, so far as the intermittent febrility was concerned, to be like Dr. Murchison’s case; to illustrate the power of a limited, but intense, irritation of a mucous-membrane-lined duct, to arouse the febrile excitement to which the system had been accustomed in the tropics. But the glycosuria was



a complication which had to be examined, both in diagnosis and in respect to treatment. I set to work to reduce, as far as possible, all catarrhal conditions, at the same time enforcing a diet intended to contain as little sugar-making stuff as possible. I found that, up to the time when I saw him, he had been taking large doses of quinine in alternation with arsenic, but had, notwithstanding, steadily gone down. On the hypothesis that the mucous membrane irritation was the real basis of his illness, I gave him alkaline sulphates, carbonates, and iodide of potassium. Before the action of the treatment could be well established, the patient had fallen in weight from an original 13 stone to 10 stone. Within two months from the institution of treatment, the liver and spleen had returned to normal size, the jaundice and glycosuria had disappeared, and the patient had increased to 12 stone 12 lbs. in weight. The improvement had commenced soon after the beginning of treatment, and was soon followed by the passage of a gall-stone. It is important to notice that two attacks of "fever" had occurred without signs of colic. This patient subsequently gained flesh till he reached the weight of 14 stone. I have just heard of his death from an attack of acute illness, the nature of which has not been communicated to me.

I have published, in *St. Thomas's Hospital Reports* of 1881, the case of a man who had attacks of fever of agueish character, occurring at first pretty regularly in conjunction with similarly regular attacks of biliary colic, and ceasing after the colic had yielded to treatment comprehending the use of no antiperiodic or antipyretic, but consisting in the free use of salines. In this case the symptoms left little reason for doubting the existence of biliary calculus, and of its casual relation to the attacks.

Reviewing this class of cases, I may point out that the glycosuria, increased quantity of urine, and thirst which formed no inconsiderable part of the symptoms of the case last but one quoted, disappeared when the febrility ceased to reappear. No one, I think, would find any ground for regarding glycosuria and polyuria, as the work of septicity or poisoning. Nevertheless, they coincided in their duration with a period in which constantly recurring block of the common bile duct was indicated, in which a distinct enlargement and painful condition of the liver was observed. I would venture to regard them as signs of a quasi-inflammatory condition of the liver, in which an active arterial hyperæmia was induced by the irritation in the gall-ducts, and by the incidental over-distension of the whole duct system of the liver. They appear to me to illustrate the production of gly-

cosuria by irritations of the liver. Glycosuria, as we know, may be brought about by irritation of the central nervous system, by paralysis of certain parts of the sympathetic system, by certain peripheral irritations outside the liver. In this case, the irritation of the liver has not been reflected to other organs, as is often the case, but has been turned back upon itself, with resulting arterial hyperæmia of the liver and glycosuria.

A case still under my observation is akin to the above. A laborer, aged 74, was admitted to St. Thomas's Hospital, for jaundice, which had commenced, suddenly, about six months before, after an attack which, as described, was an attack of biliary colic. From the time of that attack, there had been persistent jaundice, with equally persistent absence of bile in the fæces. It is necessary to state that this patient had several forms of disease. He had aortic obstruction, thickened arteries, enlarged heart, hypertrophy of the left ventricle, and albuminuria.

The analysis of the meaning of particular symptoms is certainly made more difficult by these complications. But his history makes it quite clear that soon after the establishment of jaundice, he began to pass a much larger quantity of water than he had been accustomed to pass, and that, having been a stout man, he began to lose flesh. When he came under observation, he was still fairly well nourished; his liver was greatly enlarged; but there was absence of pain, of tenderness and of vomiting. He was passing from 60 to 80 ounces of urine daily; the specific gravity was generally about 1030, and the urine contained sugar, as well as some albumen. The history begins with biliary colic, and goes on to polyuria, with thirst and wasting, which proved, when observation began, to be associated with glycosuria. None of the other morbid conditions were such as would produce glycosuria.

Surely here again we have evidence of the reflection upon the liver of an irritation arising in its own domain—to all appearance an irritation started by gall-stone.

The argument of the preceding remarks is that irritation in the gall-duct may, besides producing pain and local inflammation, act in a reflex way, so as to produce arterial hyperæmia of the liver, and thereby glycosuria; or in another—possibly reflex—way, to produce a pyrexia corresponding with storms of local irritation. Have we, it is well to ask, any other indications of reflex action taking different direction from these? There is clearly a curious association of renal troubles with biliary colic, which has been noticed by Murchison and



others. But I should like to give a short history of a case where acute pneumonia was, to all appearance, set up by impacted gall-stones, altogether apart from any sign of septic poisoning.

*Gall-stones and Reflected Visceral Inflammations.*—A gentleman, of middle age, had consulted me for some years on account of recurring attacks of what appeared, from all the symptoms, to be biliary colic. He was kept under very careful observation, but no calculus was ever found in the fæces. After two courses at Carlsbad, he seemed much better, and remained free from attacks for a year. Then he had a series of excessively severe attacks of biliary colic, increasing in duration. I went down into the country to see him in consultation with my friend, Dr. Horley, of Hoddesden, during one of these attacks, with a view to a coming to a decision as to cholecystotomy. Up to the time at which I saw him, he had no signs beyond those belonging to biliary colic; he had no irregular fever, no perspiration, no shortness of breath; but he had had some rise of temperature and some quickening of respiration for the last twenty four hours. When I saw him, he presented, besides intense jaundice and the other results of obstruction, a pneumonia occupying the lower lobe of the left lung. At first I thought that this pneumonia must have arisen by continuity, and I feared that it might indicate either the formation of abscess in the gall-bladder, taking an unusual direction or extension of inflammation; but no signs of suppuration, or of inflammation, or tenderness in the epigastric or right hypochondriac region, were present. Moreover, there was no pain attending to the contraction of the diaphragm. In respect of external causes, it may be stated that the patient had been lying in one room, which was well warmed and free from draughts, for several weeks, and had been sedulously protected from all exposure. On the other hand, it must be noted that the attacks of colic had been of increasing severity, and that the last, which had preceded the pneumonia by only two days, had produced intense shock. The pneumonia then appeared to me to be of reflex causation, and to be an alternative of the glycosuria, indicating hepatic hyperæmia, observed in the preceding cases.

Now we all know that, in advanced diabetes, pneumonia is a fairly common complication, and that when pneumonia occurs in diabetes, the sugar in the urine diminishes, or altogether vanishes. The disappearance of the sugar is often attributed to the fever accompanying the pneumonia, and is then regarded as an indication of increase of combustion in the body, whereby the sugar is consumed before it can reach the urine. I believe this hypothesis to be as far from the truth

as the original hypothesis of Bernard assuming the combustion of sugar in the lungs—the hypothesis so completely demolished by Dr. Pavy. As I read the order of phenomena in these cases, the pneumonia is induced by a transference of arterial hyperæmia from liver to lung, variously determined by position of body, by cold, by disorders of venous circulation, by previous weakening of the lung. I have record now of three cases of diabetes complicated by pneumonia, in which fever preceded the appearance of the physical signs of pneumonia for twenty-four hours or more. In these cases, so long as there was only pyrexia, the sugar remained at its previous amount; when the signs of pneumonia became manifest, the sugar at once fell in two of the cases, and disappeared in the third. I venture to submit the probability that, in the case under consideration, the intense conditions of irritation in the liver tended, *per se*, to produce a primary reflex arterial hyperæmia, and, therefore, glycosuria; this was carefully looked for, but was not found. The absence of glycosuria was compensated by the access of pneumonia, presumably, in the circumstances of the cases, the result of a secondary or remote reflex arterial hyperæmia, determined by local or general conditions which cannot be identified.

It is well to note that the patient got over his pneumonia, which, of course, precluded operation; and, soon after, passed a large number of rather small faceted, gall-stones, of which nearly seventy were obtained by regular washing of the fæces.

*Gall-stones and Malignant Disease of Liver.*—The co-existence of gall-stone with malignant disease of the gall-bladder and parts immediately adjoining has been recorded frequently enough to give rise to speculation as to how far the presence of gall-stones would be capable of giving rise to malignant disease. I exhibit a specimen from the museum of St. Thomas's Hospital, which has been described by Dr. Murchison. The patient, a woman, aged 64, had suffered for four years from attacks of severe pain in the region of the gall-bladder, without vomiting or jaundice. Six months before her death an unusually severe attack of pain was followed by jaundice, which persisted till her death. The stools were at first pale, but during her stay in hospital, for seven weeks before death, they contained a distinct evidence of bile. At the necropsy, the gall-bladder and common duct were found filled with colorless (nearly clear) mucus, and the duct was blocked with a small calculus, at a point about an inch from its termination. A large cancerous mass occupied the centre of the liver, extending forwards to the neighborhood of the gall-bladder. The bile-ducts were dilated



throughout the liver, and filled with thick bile. The anterior wall of the stomach was adherent to the liver; and at the adherent portion were three or four rounded orifices, through which dilated bile-ducts on the surface of the liver opened into the cavity of the stomach. This was the source of the bile found in the feces.

There is nothing in the case to indicate whether, on the one hand, the gall-stone was an incident to the malignant growth in the liver, or a result itself of retention of bile in the gall-bladder. Here, however, is another gall-stone which effectually answered my question, in a case of malignant disease evidently beginning in and around the gall-bladder, and extending into the liver. I will not enter fully into the details of the case, but will merely say that the patient had violent recurring pain in the region of the gall-bladder, and for some time before death there was jaundice. At the necropsy the gall-bladder was found embedded in a mass of adherent growth, which completely closed the hepatic and cystic ducts. The cavity was rather small, and contained clear, pale, mucus, together with this calculus. It is so clear from the dissection that the growth had started at the gall-bladder that I did ask myself the question whether the presence of the gall-stone might have been the original determining condition.

Chemical examination showed that the calculus was composed of carbonate and phosphate of lime, with a large proportion of animal basis, apparently altered mucus. It contained no trace whatever of any constituent of bile. This result showed, clearly, that the calculus was formed subsequently to the obliteration of the duct, and that it was a consequence, and not a cause, of the malignant disease.

*Gall-stones and Hæmorrhage.*—In two cases coming under my observation of late, the passage of gall-stone has been attended by sharp hæmorrhage. In the first place, the hæmorrhage preceded the passage of a large gall-stone without biliary obstruction. The bleeding might here be supposed to be produced by the tearing of the opening between the gall-duct and the bowel.

In the second case which was under my care in St. Thomas's Hospital last spring, hæmorrhage of a considerable volume occurred directly after an attack of biliary colic, with jaundice. After the cessation of the hæmorrhage, a ragged gall-stone, of such size as might have allowed it to traverse the gall-duct, was found in the feces. Another was found a few days later, after a smaller hæmorrhage.

The various effects of gall-stones which we have passed under review may well make us pause and meditate. We have to deal with biliary

colic very often; to know it as a process involving intense pain, and many other distresses; to see it make its progress commonly to a satisfactory end. As regards the suffering produced, we are impelled to do all that we know towards relief; as regards the outcome, we may be generally hopeful, if not confident. Biliary colic being the most commonly apparent indication of the presence of gall-stones, we may be ready to see in gall-stones things productive of much suffering, but having in their aspect more of the troublesome than the deadly. Gall-stones, indeed, travel so commonly by the same line, that we tend to believe that, in spite of delay occurring now and then, the terminus must be reached. The consideration which I have very imperfectly put before you may remind us of many possible accidents of the journey. A permanent block occurring on the line sends the travelling stone into many by-ways of disaster. We may find the stone in such case causing abscess, causing perforation of the gall-bladder, causing intermitting pyrexia, causing glycosuria, causing distant inflammations, probably malignant disease, and certainly serious hæmorrhage.

I rise from the contemplation with increased respect, born of sad experience, for the gall-stone. If biliary colic be no very terrible illness, the gall-stone is to be dreaded and feared, in proportion as there is less of the colic and more of accessory symptoms.

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## Translations.

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### TREATMENT OF MIGRAINE.

BY DR. P. JOUSSET. (L'Art Medical, March, 1887.)

Homœopathy often succeeds in the treatment of migraine, if we study thoroughly the symptoms of the patient and adhere closely to our remedies. *Migraine is a neurosis*, characterized by violent pains at first on one side of the head, accompanied, when fully developed, by nausea and vomiting, and comes on at irregular intervals. Migraine, like other neuroses, is hereditary, and may alternate with other neuroses, particularly with gastralgia. We hardly consider migraine a primary disease, for it is often of gouty or hæmorrhoidal origin or symptomatic of an herpetic affection, with which it may combine or alternate, as we see it in other neuroses, especially with hysteria or hypochondry. Grasset, in his work on "*Maladies du système Nerveux*," is of the same opinion.

We must study migraine in its three forms, common, benign and retinian. The first two may well be studied together, and we must



divide it in the treatment during the paroxysm and during the interval.

1. *Nux vomica* is very often indicated, as it suits the gouty and hæmorrhoidal patients, which make up four-fifths of such patients. Their attacks set in mostly when awaking in the morning, and are aggravated during the day; nausea and vomiting during paroxysm; from mental exercise, by motion and by rest; the pain often extends to the occipital region, and even may become there most intense. We hardly ever use it lower *than the twelfth or thirtieth*, and it must be given during the intervals. Where the attacks are very frequent, we give it immediately after the attack, a dose morning and evening for four days. Where the attacks come regularly every month, we give it not only for four days after the attack, but also for four days preceding the attack; in irregular attacks it is well to repeat the drug for four days every two weeks.

2. *Sanguinaria canadensis* is especially indicated for women who menstruate too freely, accompanied by migraine. Excessive pains with *bilious* vomiting, electric stitches through the head, toothache, earache, pains in extremities, chills. The attack begins in the morning and gets worse during the day. According to Dr. Mills, of Chicago, the attack is preceded by scanty micturition, and its disappearance is accompanied by copious clear urination. As very often the menses and the migraine are simultaneous, I alternate *nux vomica* with *sanguinaria*, the former four days before menstruation and commence with *sanguinaria* as soon as the attack begins, and when it should be absent, on the fourth day of menstruation.

3. *Iris versicolor* is especially suitable to migraines with copious bilious vomiting, with obstinate constipation, and prescribe it in the same manner as *nux vomica*.

4. *Digitalis* was a favorite in migraine with the ancient physicians. The pains are violent, accompanied by hot head, cold extremities and abundant bilious vomiting. Two drops of the mother tincture morning and evening during the interval.

5. *Calcarea carbonica* is also an ancient drug in this affection; nausea, eructations, *icy coldness* in the head; pains begin in the morning, often on the side on which the patient rested; by mental labor, by walking and by concussions. Dose like *nux vomica*.

6. *Pulsatilla* is less frequently indicated and suits attacks beginning in the evening with *general chilliness*, and as if the attack originated in an indigestion; pains lancinating and pulsating; amelioration by quiet in the fresh air.

7. *Natrum muriaticum*. The attack begins in the morning in bed,

diminishes after rising and moderate exercise, but becomes worse from rapid motion, accompanied by nausea and vomiting. Dose like *nux vomica*.

8. *Stannum*. Severe pains with vomiting; *horribly painful constrictions on forehead and temples*, general chilliness and great relief from vomiting. The pains gradually increase and decrease.

9. *Sepia* is highly spoken of by Richard Hughes in ancient migraines, especially in women with leucorrhœa and with sweaty feet and armpits. The pains set in suddenly, especially in the morning, accompanied by hot flashes, stiff neck and nausea, by going into the fresh air. Dose 12th to 30th. When there is much leucorrhœa, the remedy from the first to the tenth trituration ought to be given for several weeks.

10. *Silicea*, rush of blood to the head, great sensitiveness of the hair, falling out of the hair, perspiration on head, pains running from the neck up into the head. 30th Dil.

11. *Cocculus*. *Migraine* with vertigo and nausea, pains especially in the frontal protuberance and left orbit, by eating and drinking, starting upright and walking in the fresh air. Dose like *Nux vom*.

12. *Causticum*. Hemisrania with nausea and vomiting, pain in the morning when awaking, by motion of the head and rapid walking, sometimes the pain increases progressively and then suddenly diminishes.

#### TREATMENT DURING THE PAROXYSM.

The drugs just mentioned are useless during the attack, while they act so beneficially to diminish them till they finally disappear. During the attack we can only use palliative treatment, as : 1. *Caffeine*, 25 centigrammes of the first decimal trituration, a dose every half hour.

2. *Morphine*. Two or three drops of a solution 50th hypodermically.

3. *Glonoine*. Migraine accompanied by pulsations in the head, hot flashes, sensation of swelling of the head, red face, very strong arterial pulsations, cannot bear to have the head covered. One drop of the first dilution every half-hour.

4 and 5. *Aconite and Belladonna* in tincture sometimes calm the pains.

6. *Veratrum album*. Excessive pains, even to delirium, with cold sweat and fainting; pulsating pains with stiffness of the muscles of the neck. 1 up to 12 drops every half hour.

7. *Guarana, Paullinia, Deris*, are dangerous drugs.

#### TREATMENT OF THE RETINIAN FORM.

Such a Migraine is essentially characterized by affections of sight: vertical hemiopia or horizontal, mono— or binocular, scotomata,



sparks ; sometimes total blindness, or slight paralysis of the tongue and even hemiplegia. In some such cases the headache is sometimes entirely absent. Galezowski described well this variety of migraine, which, notwithstanding its alarming appearance, always gets well.

1. *Belladonna* is indicated by the troubles of sight, headache by light and noise ; paralytic symptoms. 6th to 12th dilution.

2. *Iris versicolor*. Speck before the eye of the effected side. 12th.

3. *Phosphorus*. Headache over left eye, with black spots which dance before the eyes, transient blindness, headache with vomiting. 6—12th.

4. *Spigelia*. Terrible pain in the globe of the eye as if it were tore out, dilatation and immobility of the pupils, amblyopia and transient blindness. 3—12th.

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Kafka in his "Homœopathische Therapie," II., 207, has an excellent article on Hemicrania. After giving fully the indications for different remedies, he continues: the most important remedies in hemicrania, with anæmia are arsen., phosphor, pulsatilla, colocynth, spigelia and veratrum. For a radical cure the intervals between the paroxysms must be employed, the remedies strictly individualized and given once or at the utmost twice a day in a medium potency. Fresh air in the country, change of climate, pleasant company, etc., are great aids for the removal of the disease. Very often sea-bathing and sea air did the most for our patients. The diet must be regulated according to the individuality of the patient. Anæmic ones may enjoy during the intervals animal food and moderate quantities of wine and beer ; (we witnessed benefit from the Maltine preparations) ; plethoric patients ought to live mostly as vegetarians ; coffee and tea must be strictly interdicted, as they increase the sensitiveness of the brain and may produce an attack. (In ladies not addicted to the use of either we sometimes witness great palliative effect during the attack from a cup of good strong tea.) Mental and bodily over-exertion, excursion on foot lasting too long, and all emotions must be kept away from such sufferers. Our young misses, suffering from migraine, ought to be kept out of school, out of theatres, away from the torture of the piano, and to be urged to use daily moderate gymnastic exercises.

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We believe that Jousset's division of Migraine is based on clinical experiences, though he gives us in terse sentences clean cut indications, still we miss some remedies which are neglected by hosts of physicians.

Thus in the retinian Migraine: *Cyclamen*, blind headache with glittering sparks before eyes and dimness of vision, easily fatigued, dizziness with sensation as if the brain were in motion when leaning against something, constant sleepiness and chilliness, throbbing, one-sided headache, often left temple, on moving in fresh air (*Pulsatilla*), in room and while sitting. A grand remedy in neurasthenic headache is also *Epiphegus* with its blurred vision.

For gouty hemicrania *Colocynth*, *Colchicum*, *Guaiacum*, *Kali bichromicum*, *Lycopodium*, *Magnesia muriatica*, *Natrum muriaticum* etc., deserve more than a passing notice.

We wonder, as Jousset accepts a "Migraine dartreuse," that he does not use more of our antipsorics in the treatment of that form of hemicrania. During the intervals our salts of lime, especially *Calcarea arsenicosa*, *Sulfur*, *Hepar Sulfur*, *Graphites*, and that despised *Psorinum* may well come into play. Most of us think too much of mere palliation, of mere alleviation of the pain and neglect to urge upon our patients the necessity of long continued treatment during the intervals. May not a high dilution or potency, at long intervals and placebo's *pro re nata* do more in some nervous patients than even the thirtieth, recommended by Jousset.

We have to thank Drs. Reisig and Swan for two remedies which have earned their spurs in severe cases of hemicrania. *Lac caninum* and *Lac defloratum*. Some of our readers may scoff at these milk preparations, just as they hold up their noses when *Psorinum* or *Syphilinum* is mentioned, but the proof of the pudding is in the eating of it and it would do them no harm to try such remedies, when *clearly indicated*. Ah! there's the rub! clear indications take up much time to study them up.

S. L.

### CHRONIC CONSTIPATION AND ITS GRADUAL CURE.

(From the Berlin Klin. Wochenschrift 6, 1887).

Translated by S. Lilienthal, M. D., San Francisco, Cal.

Dr. Gehrman treated this subject at the meeting of their county society and said:

People who suffer from chronic constipation are also those who constantly use purgatives and nobody can tell beforehand what the action will be on the patient. We see such people constantly changing their purgatives and increasing their doses, till finally they are forced to take their refuge in clysmata, which are no less injurious, using several of them in succession in addition to their regular purging doses. In only one case clysmata show less injurious effects and may be even al-



lowed with benefit, and that is in constipation during pregnancy, but the exception only proves the validity of the rule.

It is somewhat strange when we hear the mother of a child, hardly five years old, complain that after the use of purgantia strong enemata become more and more necessary and after all the stool passes only with excruciating pains. It is still worse when a mother finds it necessary to give a purgative daily to her babe hardly a year old.

But *purgantia are also directly injurious*. Thus I treated a case of long existing *gastroduodenal catarrh* with swelling of the ductus choledochus, arising most probably from the continued use of purgantia. This old lady, 65 years old, left off at my request her purgantia, though they showed their effect on her in relatively small doses. After four weeks of our treatment her jaundice had disappeared and she enjoys health without them.

*Itching of the female genitalia and anus* is also a not unfrequent sequence of this abuse, especially after drugs which also produce passive congestion in the pelvic organs. Hence *hæmorrhoids* in both sexes often originate from the same abuse, often bleeding and very painful, and the more drugs are taken to ease the passage of the fæces, the more the knobs sometimes increase in size.

The pressure downwards to force a stool often also causes *proidentia of the uterus*, and we may expect such an effect more surely when there already is chronic inflammatory state of one or both ligaments and in consequence thereof their elasticity and power of resistance lessened. Just such cases are usually combined with obstinate chronic constipation and still the necessity of pressure is too often not obviated by purgantia nor by injections nor by a combination of both. Still more disagreeable it is for such women when constipation and leucorrhœa coexist, as the latter increases when the bowels do not move regularly.

Chronic constipation, against which purgantia and clysmata are steadily used, leads in young girls to *redness and painfulness of the genitalia, or also to fluor albus*. We might then think on oxyuris, but this is rarely the case. We need not feel astonished that such a secondary affection of the genital apparatus will show its noxious effects by reflex symptoms, as in one case the little girl failed to hear or to speak plainly. In another family where the children suffered from chronic constipation, two died in convulsions, and another suffered from laryngeal spasms.

Finally, let me mention a point, more of a psychical nature, that the daily use of purgantia, and still more of enemata, is very apt to ren-

der women, and especially young girls, nervous and irritable, and I feel assured that thus a *neuropathic disposition* is formed, on the basis of which it needs only a small impulse to cause neuralgiæ of sympathetic or spinal nature, undermining nutrition and tissue-change. Such neuralgiæ of the intestinal canal produce insomnia, deep melancholia with the delusions that they have snakes inside which torment them by their irregular motions, that rape had been committed, and suicidal notions arise in their minds. Neuralgiæ of the bladder and vagina, *clavus hystericus* are frequent manifestations, and when inquiring more closely into the history of such cases, we learn of the constantly increasing daily dose of purgantia, of daily repeated injections, and still of painful and unsatisfactory discharge of *fecal masses*.

In all such cases, from whatever cause they may have originated, a *strict diet is the sine qua non* of successful treatment. Of solid food I exclude bread, vegetables and potatoes. All pastry is interdicted and confectionery must not be thought of. Live on fruit, fresh or stewed; fresh meats, not too fat; eggs, fish, a little cheese, are the staple articles for such people. If the patient likes his food well-seasoned, there is no objection to it. Of fluids we interdict milk, red wines, cider, alcoholics, gruels. We allow coffee, which in such cases is even not injurious to nervous women, tea, beer, chocolate, beef-tea, white wines. During the first week of treatment the patient complains of the severity of such diet, but becomes used to it during the second week.

Our external treatment is of equal importance. In lighter cases daily massages of the abdomen with *Balsam. vit. Hoffmanni*, three times a day may suffice, or in some cases, twice daily, rapid brushing of the abdomen with equal parts of *oleum hyoseyami* and chloroform, immediately covered with rubber-paper, to which in still more obstinate cases dry hot poultices of sand or salt may be added. Such a constant heat is often of the greatest benefit. During the whole treatment heavy flannel bandages ought to be worn around the abdomen. Just to do something I give internally: *R. Tinct. chin. comp.* 1 part, *tinc. cort. aurant.* 2 parts, to take 30 or 40 drops with some water before each meal, or for a change: *Pulv. rad. rhes.* 1, 0, *extr. trifol. fibr. q. s. ut. f. pil.* No. 10, to take a pill before dinner.

The time of this cure oscillates between one week to four or even six. Gradually the restrictions may be removed and after several stools passed without artificial aid some bread may be allowed, then some vegetables or some milk.

In relation to the whole treatment we advise:



The patient, after having had an artificial stool that day, begins his dietary treatment. It is well to tell him that no stool will probably follow during several days; and if his customary headache may set in, a diminished dose of his usual purgans may be allowable. With our diet the quantity of faeces diminishes and therefore not so much pressure or heaviness will be observed.

I felt astonished that so many married women, suffering from this chronic constipation, were sterile.

We all know the value of treatment by rest. Only thus we allow rest and ease to the intestinal canal, all inflammatory manifestations are overworked and the exhausted peristalsis removed and the natural functions reestablished.

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The day of the millenium is not so far ahead that the coming generation may not live to see it and hygiene and dietetics, these twin-sisters of common-sense medical practice, become more and more the common good of all schools. Here we all can unite, here we all can work unitedly for the benefit of suffering humanity by teaching the public how to preserve health instead of treating them when their health has already become undermined. Even the physicians of the old school raise now their warning voice against polypharmacy and forcing measures, and it is only a pity that so many of our own school fail to follow such good example. Let us not neglect on the other side those dietary rules which only can aid us in the treatment of our patients, whereas sometimes we might fail in becoming the healers of those entrusted to our care by a sole reliance on drug action. How hard it is to find the saving middle road!

It is a curious fact that Vogel and Henoch in their works on infantile diseases interdict the use of milk in intestinal catarrhs of children, and now we learn that the same milk is a great cause of the constipation of children, and we are inclined to agree with these authorities, as the condensed milk is certainly clogging up the intestinal tube, and thus produces a stagnation leading to a loss of peristalsis. On the other hand, in an irritable state of the bowels, as we find it in both forms of cholera infantum, condensed milk or other cows' milk can only be considered as a further noxa, and increasing the irritation. Alas! that a mother nursing her baby is considered unfashionable; and even where, once in a while, a conscience-stricken mother tries to fulfil her noble duty, her whole bringing up was such

as to render her unfit to the task, and failure follows. A wet nurse is to me an abomination, though the origin of wet nurses dates from antiquity. She is a trial which has to be submitted to by the whole household for the benefit of the little ruling angel, though its ruling is too often rather tyrannical.

Dr. Gehrman also raises his voice against the habitual use of farinaceous food for little children, and we see the justice of this prohibition, as we know from experience that *alumina* (argilla) has stood the test of time in infantile constipation. Its chief indication is this abuse of farinaceous food, long standing cases which resisted other treatment, a want of action in the colon and rectum so that even a soft stool needs great effort, often followed by faintness and chilliness after stool. We find the same depraved and imperfect digestion under *lycopodium*, with a constant sensation that the bowels are loaded, flatulent colic, fæces hard, scanty, passed with difficulty, hence in children crying before and after stool, as well as before and after urinating, and either drug may fail if we fail to change the diet and give it food suitable to its constitution and personality.

But we may fail in another direction, and give the child animal (meat) food at too early an age. That might have been allowable during the period of chivalry, but in our effeminate age the weakness of the parents shows itself in the descendants, or too high living of the wet nurse, unused to such privileges, disarranges the bowels of the infant. Here, with a carefully changed diet, we have a splendid remedy in *nux vomica*, even in children, who, naturally of a kind disposition, become cross and irritable by the burden put upon their tender muscles.

Often, in such cases of obstinate constipation in infants, we wavered between graphites and sulfur, as here the symptoms are very much alike, but just here that beautiful remark of the Master comes into play to throw aside these every day symptoms and to look out for the key note which characterizes the case and the remedy. Thus we read of the infantile constipation under causticum, but we find here a nervous child, afraid of darkness and of solitude, in larger children enuresis nocturna, and stool may pass when the child only expects some flatus; fear predominates in the nature of the child.

Teste is right when he considers *kreosote* one of our best remedies for the ailments of dentition and where marasmus threatens, it may yet save the life of the little one whether it suffers from constipation or diarrhœa, as both may be the output of a loss of peristalsis. We several times succeeded in curing unpromising cases of gastromalacia in



children with kreasote after the failure of other apparently indicated remedies.

Richard Hughes considers *hydrastis canadensis* one of the chief remedies for habitual constipation, and it acts well in cases produced by the frequent use of aperients, or when caused from sedentary habits. We see that in its causes the golden seal resembles *nux vomica*, but it differs from it that the latter has irregular and even antiperistaltic action of the bowels with ineffectual desire for stool, and even after the stool passed there is a sensation in the rectum as if there remained much to be passed, whereas in *hydrastis* no need, no desire for stool, or a sensation as if the bowels would move, but only flatus passes, and our hypochondriac patient considers the constipation the cause of all his other ailments.

That habitual constipation is also found under *collinsonia*, a favorite drug with us in women, especially during pregnancy, or in connection with uterine disorders from pelvic congestion, hence extreme tenderness in rectum, backache and hipache, bleeding piles from constant straining at stool.

The constant back-ache, especially in hip and sacrum, is also found in *æsculus hippocastanum* with great fatigue in walking, and is one of our chief indications in intense disorders as well as in chronic constipation with sensation in rectum as if full of small sticks, but notwithstanding the throbbing in the abdominal and pelvic cavities we meet with very little bleeding, so pronounced in *collinsonia*, and only in a lesser degree in *nux vomica*. Dryness of the mucous membranes is characteristic of the horse-chestnut.

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#### A CASE OF MYXŒDEMA.

In one of the meetings of the Berlin Med. Society (*Berl. Med. Wochenschrift*, 9, 1887), Dr. Senator related the following case :

A woman of 55 years, living in good circumstances, never had any children, and remained regular in her menstruation up to her menopause. Two years later she began to complain of gastric troubles, on account of which she went to Carsbad, which benefitted her greatly. On account of rheumatic pains she went to Teplitz and again returned improved. Gradually her body began now to swell in different parts, especially on the extremities, which looked dropsical, and then the face became affected. Henceforth her special complaint was *excessive lassitude*.

At present she is so weak that she can hardly walk, and passes

most of her time in bed, though she looks well nourished and well built. At first sight the *face looks remarkably bloated*, especially around the eyes. The eyelids on both sides are swollen, the left one the most, so that she can hardly open the eye. The swelling on the face is so intense that indentation is impossible, and both lips, especially the upper one, looks enlarged. The whole neck looks bloated and enlarged, and her entire contour of the face is changed, so that she looks like a different woman in comparison with photographs of former years. The tongue is not much swollen, but it is hard for her to protrude it on account of the swollen lips. The skin over the whole body, especially on the upper part of the trunk, is very rough and scaly, but no œdema can be perceived anywhere. The *voice of the woman also became changed*; her voice was now a deep nasal base voice and her speech decidedly monotonous and slow. For a long time already the family noticed *a weak memory and a kind of hebetude in thinking* combined to *great motory weakness of the extremities*, so that she could not ascend any more the stairs which formerly she could do with ease. Sensibility in the motory-weakened extremities is perfectly normal, the patellar reflexes greatly diminished, on the left foot abolished, whereas the cutaneous reflexes are nearly normal. It ought to be mentioned that the *growth of hair on the head has greatly diminished and not a trace of the thyroid gland can be detected*; she never had any fever. Our diagnosis was myxœdema, or, as Charcot calls it, "*Cachexie pachydermique*." A sister of the patient suffered a few years prior from the same symptom and succumbed to it.

So far the prognosis always was considered ominous. I looked through the homœopathic journals; no case recorded, and it may be worth while to lead the attention of the physicians of our school to this complex of symptoms in order to see whether something can be done for it. Horsley, of the St. Thomas Hospital, thinks that in some of its symptoms it shows similarity to cases of poisoning with phosphorus or arsenicum, and a hint to the wise often suffices. Kafka has great confidence in *phosphorus* in the treatment of ichthyosis as well as elephantiasis (pachydræmia), as it possesses great physiological relations to induration and hypertrophy of the internal layers of the skin, and hints to the study of graphites, sepia and silicea as related drugs in that direction. We find again phosphorus indicated in alopecia for falling off of the hair in large bundles; the roots of the hair seem to be dry, although here we must not forget natrum muriaticum and phosphoricum. Where the cause of a disease is



still unknown, we may look upon that unknown quantity, psora, as one of the factors, and any antipsories pro re nata may be preferred to phosphorus. I cannot find much similarity between arsenicum and myxœdema, but still it may be indicated once and a while.

S. L.

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## Correspondence.

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### THE VIRGINIA STATE BOARD OF MEDICAL EXAMINERS.

#### EDITOR HAHNEMANNIAN MONTHLY:

My attention was recently called to an editorial in the March number of your journal, entitled "The Examining Board versus the College Faculty," based upon information derived from the *Southern Clinic*. The article in question not only throws discredit upon State Medical Examining Boards in general, but upon the Medical Examining Board of Virginia in particular. This Board, I will state in passing, is composed of thirty-two allopathic and five homœopathic physicians, and the latter have the larger proportion when compared with the number of each school practicing in the State. When the Board is not in session, a candidate may go before any three Examiners whom he may select, and, if successful, receive the certificate of the Board.

It is not my purpose in this brief reply to defend the establishment of State Medical Examining Boards, but to defend the Board of which I am a member, of charges of dishonesty, favoritism, etc.

In the first place, this serious charge is based upon a garbled report from an allopathic source; in the second place, judgment has been too hastily rendered upon so important a matter as the raising of the standard of medical education—the Board in question having been organized only about two years; and, in the third place, I am confidently assured in my own mind that the author of the charges of dishonesty brought against the Medical Examining Board of Virginia is not posted upon the organization of the Board, does not know anything of its manner of conducting examinations, and is not personally acquainted with a single member composing it.

There have been examined, since the organization of the Board, 138 individuals from various institutions, representing twelve States, besides a number of non-graduates; the total rejections amounting to a trifle over 20 per cent. In the several States represented, the rejec-

tions are as follows: Virginia, 10.16 per cent.; Maryland, 29.7 per cent.; Pennsylvania, 10 per cent.; District of Columbia, 100 per cent.; Kentucky, 20 per cent.; Ohio, 100 per cent.; and of the non-graduates, 75 per cent. All applicants from New York, Michigan, Tennessee, Missouri, North Carolina, (colored) and Germany, have passed the examination with satisfaction. Of the twelve States represented, New York takes the lead, while Virginia occurs eighth upon the list, her rejections exceeding by a small per cent. your own State of Pennsylvania. Thus far only two candidates representing homœopathic institutions have presented themselves before the Board for examination, and in each instance passed satisfactorily. The above figures are official, and if they do not show that the Virginia Board is interested in building up the credit of institutions turning out the best material, then it is useless to resort to them to demonstrate a mathematical calculation. When I add, that the names of the candidates and the college they represent do not go beyond the knowledge of the secretary during the session of the Board, no sensible physician, looking at the above statistics, will, for one moment, believe that these State examinations were conducted in any other manner than in an honest and impartial spirit. Concerning the manner of conducting examinations, I speak from personal experience and claim a capability of judging of the qualifications of a candidate upon the subject or section considered, without a knowledge of his name or the institution conferring upon him his medical honors.

In closing permit me to call attention to a few glaring errors that are the basis of your editorial, viz.: The "29 applicants" as stated, "from the University of Virginia," is in error by 10, the "19 from the Medical College of Virginia," is in error by 10. The statement that "out of 24 applicants from the College of Physicians and Surgeons of Maryland, 8 failed," is in error by 25 per cent. only 6 having failed. "Out of 16 from the University of Maryland, 5 failed," is in error 20 per cent., 4 having failed. "Out of 7 from the Jefferson Medical College of Philadelphia, 3 failed," is in error by  $66\frac{2}{3}$  per cent. for with the exception of one, all received the certificate of the Board. Thus, we find charges of dishonesty, based upon a report in which we find five errors in five consecutive statements. The sixth and last statement is correct in the letter, but misleading in its spirit, for colored physicians have successfully passed the examination Board.

GEORGE A. TABER,

Member Medical Ex. Board of Virginia.

RICHMOND, VA., April 26, 1887.



## Editorial.

### DR. HENRY DETWILLER.

The following notice of the late Henry Detwiler, M. D., of Easton, Penna., the man who on July 23d, 1828, made the first homœopathic prescription in the State, we copy with but slight alterations from the Northampton *Democrat* of April 29th, 1887:

After seventy-two years of active medical practice, Dr. Henry Detwiler, having attained the venerable age of ninety-two years, and the distinction of being the oldest homœopathic physician in the United States, if not in the world, has at last ended his long and useful career. About three weeks ago he arose at an early hour, as has been his habit from childhood, took his regular morning walk, and near the corner of Fourth and Northampton streets had the misfortune to fall upon the pavement, striking his forehead. He was assisted to his feet and returned to his office, partook of his customary lunch, and went to Bethlehem to attend several patients; the following day he made professional calls at Frenchtown, N. J., and in the evening of the third day he began to feel the effects of the fall. From then until Thursday morning of last week, April 21 at about seven o'clock, when he died, he has been confined the greater portion of the time to his room. Always accustomed to an outdoor life, his confinement irritated him, but while consciousness lasted he still gave minute directions as to the treatment of his patients, and superintended the preparation of medicines until through weakness he lost the power of articulation.

His career has been a marvelous one. He was born in Langenbruch, Canton Basel Landschaft, Switzerland, on the 13th day of December, 1795. His parents

were named Henry and Verena Detwiler. He attended the village school in his boyhood days, where he showed great aptness for learning—so much so that when he arrived at the age of 13 he was sent to a French institute at St. Immier, where he pursued his studies until he was 15 years old. He then became the private pupil of Laurentius Senn, M. D., a graduate of the celebrated school at Wurzburg. He remained under his tutelage for three years and prepared for matriculation in the medical department of the University of Freyburg, in the Grand Duchy of Baden, to which institution he was admitted in the spring of 1814, where he prosecuted his studies for five consecutive semesters. After leaving the university, having barely reached his majority, and being fond of natural science, he felt a strong desire to penetrate the mysteries of this broad field of interesting and useful knowledge, and yearning for new scenes and impressions, he determined to cross the seas and explore the regions of the new world. He left Basel in the spring of 1817; several hundred emigrants accompanied him to Amsterdam. On this passage he acted as physician to the company. When they arrived at Muiden, near Amsterdam, he was requested to present himself to a medical board at the latter city for examination, which he did, was found competent, and appointed physician on the ship "John," an American vessel from Boston. It was an old "three master" upon its farewell trip, almost worn out, and unseaworthy then. But it took on board over four hundred human beings, men, women and children. Too closely packed in the vessel, extreme heat, perhaps improper food, caused great suffering among the passengers. Disease overtook

them, the medicine chest became empty, and the young doctor was called upon, not only for his medical skill, but the contents of his private medicine stores, to save life. On board the ship was no less a distinguished personage than General Vandame, one of the officers of Napoleon, who had become a political refugee. In the latter part of July, 1817, the vessel reached the port of Philadelphia. Many of the passengers who were sick when they arrived, with the sick of another vessel, were put in charge of Dr. Detwiller by the port physician. While thus detained he became professionally acquainted with Dr. Munges, an eminent French physician, by whom he was frequently called in consultation in the families of Gen. Vandame and other French refugees of rank. At the suggestion and persuasion of Joseph Bonaparte and Dr. Munges, he was dissuaded from going West, as he at first contemplated, and determined to begin practice in some German locality. Having letters of recommendation from high sources, he started out on a prospective tour. His first visit was to Allentown, where he arrived in the early autumn of 1817, and soon entered the office of Dr. Charles W. Martin, then a prominent physician in that county, where he remained as assistant for about seven months, during which time he displayed so much real knowledge and skill in his profession that he at once gained the confidence of all.

During the winter following and after, there was much sickness in the country, puzzling in its nature the skill of physicians generally, and causing much distress in the locality. The young German doctor soon discovered that the disease was caused by lead poisoning. The drug being in form of the malate of lead, produced by keeping fruits in the earthen jars then in common use, and in the manufacture of which lathage was employed. Dr.

Detwiller at once applied the proper antidotes and gave the necessary instruction to warn the people against the danger and the disease disappeared. Of course, the successful treatment at once made the young doctor very popular among these people, and from various localities came urgent invitations to establish himself among them.

Finally, in the spring of 1818, he moved to Hellertown, in Northampton County, and opened an office there. Having thus settled himself, he soon made the acquaintance of an estimable lady named Elizabeth Apple, to whom he was married in December of the same year. They lived happily together for seventeen years, when Mrs. Detwiller died, leaving three sons and four daughters to mourn her loss.

[In the year 1828, Wm. Wesselhoeft, M. D., and Henry Detwiller, M. D., were practicing near each other, the former at Bath, Pa., the latter at Hellertown, twelve miles south of Bath. They met frequently in social life and in professional consultation. At one of their meetings Dr. Wesselhoeft mentioned that he had received from his father and Dr. Stapf, in Germany, some books on Homœopathy and a box of homœopathic medicines. He asked Dr. Detwiller to examine with him, the new system of medicine. Dr. Detwiller complied by studying up a case he then had on hand, of retarded menstruation with severe colic, and found *pulsatilla* indicated. He administered it—the first homœopathic dose in Pennsylvania, July 23, 1828, and was rewarded by a speedy and complete cure.—*Transactions of the World's Homœopathic Convention*, 1876. Vol. II., p. 773.] From that time until his death he has been the unwavering student, practitioner and champion of the principles of Homœopathy.

In 1836 he paid a visit to his native land, accompanied by his eldest son, William, whom he placed in one of the



institutions of learning there to pursue his studies under the guardianship of a professional friend. During his stay in the old country he formed the acquaintance of many learned men of Europe, among the rest such celebrities as Dr. Hahnemann, Profs. Shoenlein, Oken, Shintz, and others. During his sojourn he visited his Alma Mater, presented his certificate of examination (absolutorium) executed in the fall of 1816, when he had not attained his majority, or the age required by the statutes for the holding of a degree. So after an absence of twenty years he applied to the medical faculty for an examination, and, if found worthy, for the grant of a diploma. The faculty met and after subjecting him to a rigorous examination he was rewarded with that to which he would have been entitled twenty years before had he been of age, namely a diploma of Doctor *Medicinæ, Chirurgiæ et Artis Obstetriciæ*.

In 1853 he removed to Easton, where he has since resided. During all his years of extensive practice he was ever able to devote himself to his favorite scientific studies. He collected the *Flora Sauconensis*, the name by which he called his herbarium, the specimens being collected principally in Upper and Lower Saucon.

The ornithological specimens, the mammals, reptiliæ, chelonixæ, etc., collected and prepared by him, represented, with but few exceptions, the whole fauna of Pennsylvania. A large number of them were sent to the University of Basil, while he was corresponding member of the National Historical Society there.

He was elected a member of the Medical Faculty of the Academy of the Homœopathic Healing Art at Allentown in 1836, and in 1844, assisted at the organization of the American Institute of Homœopathy in New York City, and retained his membership in the Society

until the close of his life. In 1866 he assisted in the formation of the Homœopathic Medical Society of the State of Pennsylvania, and continued his relations as a member until his death.

In September, 1886, he attended the dedication of the new Hahnemann College and Hospital in Philadelphia, and was described by one of the city journals as follows: "A bright-eyed and rosy-faced, but bowed and gray-haired man sat in one of the airy halls of the beautiful Hahnemann College and hospital building last night, looking smilingly around him on hundreds of men and women. It was Dr. Henry Detwiler, of Easton, and the one man who in all that throng had spoken to the great apostle of homœopathy, Hahnemann himself."

He was always interested in educational institutions and for fourteen years held the position of school director in Lower Saucon Township. He took an active interest in many business enterprises and has accumulated a large fortune. He was President of the North Penn. Iron Company during its successful operations, and connected with other furnaces, rolling mills, etc. He was for many years a communicant member of the Third Street Reformed Church. He was the oldest member of the Masonic fraternity in this part of the State. His family consisted of three sons, all of whom were physicians, and four daughters, as follows: Dr. Charles Detwiler, deceased; Dr. Wm. Detwiler, of Hellertown; Dr. John J. Detwiler, of Easton, who for years past has been associated with his father in practice; Henrietta Heller, widow of C. B. Heller, of Hellertown; Matilda Martin, widow of Dr. Charles Martin, of Allentown; Cecelia Detwiler, wife of Jacob Detwiler, of Jersey City; Lucinda Lilliendahl, wife of J. A. Lilliendahl, of Jersey City. In addition to these children he leaves twenty-seven grandchil-

dren, twenty-one great-grandchildren and two great-great-grandchildren.

The funeral of the late Dr. Henry Detwiller, took place on Monday, from his residence in Centre Square, and though of a private character, was largely attended. The aged physician, who was not only the oldest man in our city, but the oldest practitioner of medicine of his school in the world, and as far as information can be obtained the oldest of any school, had many friends.

In looking upon him resting in his coffin it was difficult to believe that for three-quarters of a century he had engaged in active professional life. His remains, which had been placed in the spacious parlors of his residence, were visited during the morning by a large number of people. They were enclosed in a handsome casket. The floral tributes were very beautiful. At the head of the casket were two sheaves of wheat with a sickle composed of white rosebuds and a large pillow of lilies and roses. At his feet were a wreath of laurels and a cluster of lilies.

The services were conducted by the Rev. Mr. Kieffer, of the Third Street Reformed Church, in accordance with the beautiful ritual of the German Reformed creed, to which the dead man was so greatly attached and to which his direct ancestors had adhered for the last 300 years.

The choir sang "Asleep in Jesus" and "Abide with Me."

At the conclusion of the services the body was borne to the hearse by eight pall-bearers—Dr. H. Heller, of Hellertown; Dr. Constantine Martin, of Allentown; Norton Martin, Esq., of Allentown; Harry Lilliendahl, Esq., William Lilliendahl and Clarence Detwiller, of Jersey City; Henry Detwiller, of Bethlehem, and William Detwiller, of Easton, all grandchildren of the deceased.

The interment was private and was

only witnessed by the immediate relatives.

At a special meeting of the Lehigh Valley Homœopathic Medical Society, held at the office of Dr. Doolittle, Easton, April 25, at which there was a full attendance, the following resolutions were passed:

WHEREAS, After a long and useful life, it has pleased Divine Providence to remove from us Dr. Henry Detwiller, an Ex-president of this society.

*Resolved*, That in his death this society has lost a faithful and a most useful member.

*Resolved*, That while we most deeply deplore his loss, we are truly thankful that he was allowed to live so many years among us.

*Resolved*, That by his seventy-two years of active practice, his great devotion to his professional duty, his kindness and courtesy to those of us who came in professional contact with him, he has established among us for himself a perpetual remembrance and left us an example worthy of emulation.

*Resolved*, That we extend to the bereaved family our sincere sympathy.

*Resolved*, That we attend the funeral in a body.

*Resolved*, That a copy of these resolutions be sent to the family of the deceased, to each of the papers of this city, to the *North American Journal of Homœopathy*, and to the HAHNEMANNIAN.

E. D. DOOLITTLE, M. D.,

F. J. SLOUGH, M. D.,

DANIEL YODER, M. D.

#### THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

It is definitely announced that two gentlemen of New York city have each agreed to donate the sum of \$25,000 toward securing a new college building and free hospital for the use of the Homœopathic College of that city.



Other donations of smaller sums have also been received, and still other subscriptions are promised, so that the amount practically secured already approaches \$100,000.

The faculty and trustees have organized a movement to urge the matter still farther, and there is now every reason to hope that in the very near future the institution will be in full possession of a college building of such character and equipment as will be worthy of the cause it represents, worthy of its record, worthy of its alumni, and worthy of the distinguished men who compose its hard-working and enthusiastic faculty.

It will never do to allow this movement to be a mere half-way success. The college must now build on broad foundations. Her new location must be suitable for permanent occupation, not one to be maintained for a score or two of years and then abandoned for another. Her new building must be adapted and equipped for the needs of medical education, such as medical education is likely to be when we are all dead and gone. They should also be of such an architectural character as not to be overlooked in the company of her pretentious neighbors.

It will require money, but the money is there, and a thorough canvass will secure it, just as the same method is securing it for the schools of Boston and Philadelphia. The cost of a modern American medical college and hospital is a larger sum than many of us might imagine. The Philadelphia College, for instance, has already invested about \$220,000 for ground, college buildings, and out-patient department of the hospital. The main hospital buildings will run the total to at least \$400,000. It is not to be supposed that the New York school can meet the enormous demands to be made upon her with any less sum. It may require

even more. We make this statement for the purpose of showing that what might seem a large amount to be asked for and secured is really a moderate amount. What abundant reason there is to be encouraged! Nearly a hundred thousand dollars is practically guaranteed almost before the general profession is aware that any such thing is contemplated.

The example of the three great schools of the East is being emulated by some of the most celebrated institutions of the West. The Hahnemann of Chicago and the Cleveland school are moving in a similar direction, and failure is not to be thought of. Our homœopathic schools are all of them to be forced into the advanced ranks of American colleges, and the professional attainments of our graduates are to be correspondingly elevated.

It seems almost possible that our allopathic brethren will rub their eyes open some fine morning and discover that Homœopathy has come to stay, and that the business of fighting it has become altogether unprofitable.

#### HOSPITAL ETHICS.

On another page will be found an account of the resignation of eight of the nine lady members from the medical and surgical staff of the hospital of the "Women's Homœopathic Association of Pennsylvania." It will be observed that there is an *apparent* lack of agreement between the statement of the lady physicians and that of the gentlemen whose communication we copy from the *Ledger*, and a *real* one between the latter and the communication of the Executive Board. These gentlemen state that "at no time have their prescriptions been interfered with," yet the Executive Board declares its purpose and asserts its right to direct *all* prescriptions and to interfere with the physicians' treatment at any time. The

Board says: "The medical rules were made by the Board" and "when the rules were violated, courteous letters were written to the physicians deviating from the rules." \* \* \* "Irregular methods began to creep in. These were met by remonstrance and protest." \* \* \* "It became the duty of the Board to see that the rules should be faithfully carried out," etc. If then, the prescriptions of these thirteen gentlemen have never "been interfered with," it may be because their professional judgment has in all cases coincided with that of the lay board. We decline to accept such a supposition, because it discredits to an unreasonable degree the professional judgment and skill of the physicians. Yet the only other explanation of the curious professional harmony between the medical men and the executive lay-board, that suggests itself to us, is that the former have consented to lay aside their own judgment and conform their prescriptions in all cases to the professional judgment of their lay superiors. We do not like to accept this explanation either, but it looks as if we should be obliged to do it.

It will be observed that by the "rules" the physicians are not only restricted to homœopathy in their practice, but that they are allowed to practice only a part even of that system. The use,—even the homœopathic use—of a very important part of the *materia medica*, is denied them, and the unfortunates who resort to the hospital for homœopathic treatment are not allowed the full benefits of that mode. We do not much blame an unlearned executive board for having caused this lamentable state of affairs; their presumed ignorance of the principles of medical ethics excuses them. But it ought to be impossible to find educated physicians willing to submit themselves to this humiliation or to subject their patients to its disadvantages and dangers. The law places the

professional responsibility on the physician, not on an executive or other board. People who enter a hospital for treatment expect to get the benefit of the knowledge and skill, not of a layman or laywoman, but of an educated and experienced physician. In the homœopathic professional mind it is doubtful if any principle of medical ethics is more firmly rooted than this; that the attending physician is, in all cases, directly responsible for his patients' welfare; and the medical profession of to-day is split into factions simply and solely because of the outrageous attempt of one party to "interfere with the prescriptions" of the other, and the conscientious refusal of the latter to submit.

The general managers of a hospital may, and should, adopt general rules for its government, and may even declare the general system of treatment to be employed, yet the mode of applying that system and the particular treatment of each individual patient must be left not to an executive board, not even to the medical staff as a body, but to the individual physician in charge of the case. Between the doctor and the patient, no power on earth, save the law of the land, can be allowed to intervene. When the physician proves unsatisfactory, the hospital or the family, as the case may be, has its remedy, not in attempts to guide and coerce him, but in his dismissal and the employment of a substitute.

The statement, that the prescriptions of the above-named thirteen physicians have never been interfered with, was quite a surprise. Physicians naturally began to recall some of the numerous common rumors respecting the institution—of a needed surgical operation that the physician dared not attempt because she was prohibited from using a styptic; of another operation actually performed, and the subsequent discov-



ery, by the dismayed operator, that an urgently needed local application was "not allowed"; of a corn-meal cataplasm applied for some post-partum complication, and its summary removal from the patient's person by a member of the executive committee, etc. These and other similar rumors have naturally made the institution an object of unfavorable comment, and have doubtless diverted from it a certain measure of professional and financial support.

In the formulation of their "rules," the executive committee have made the same mistake that ninety-nine allopathists out of every hundred have made respecting Homœopathy; *i.e.*, they have confounded it with infinitesimalism. Somehow—we do not care to inquire just how—they have been deluded into the belief that minute doses—"potentized remedies," as they have improperly been called—are homœopathic, and that larger doses—of mother tinctures and crude drugs—are allopathic. As a result of this delusion, the committee has actually been restricting and preventing the practice of pure homœopathy in its completeness, and defending an "infinitesimalism" which, while it might be homœopathic, could also very easily be allopathic. This delusion has wrought serious harm to the cause of homœopathy, and we regret that certain homœopathic physicians are very largely responsible for it. The time will come when the Women's Hospital will adopt the wiser plan of selecting physicians from among the most careful practitioners of our school, and leaving the adoption of medical rules entirely in their hands. As to the action of the eight lady physicians in resigning, it has secured the unqualified endorsement of the County Society, and of nearly the entire homœopathic profession of this city.

#### ADVICE TO A YOUNG ALLOPATHIC JOURNAL.

The *Medical Register*, a journal recently established in Philadelphia, makes a bad beginning by printing editorially a gross libel upon the 10,000 physicians of the country who dare to avow a belief in homœopathy. It says:

"It would be far better, and a decided step in advance, were the press to teach the public that there are few, very few, educated physicians of the orthodox homœopathic school; and that the average type of to-day employs whatever remedy he deems most suitable; and the chances are five to one that in extreme cases this one is a regular one of pronounced character. The regular profession has ever been severe upon all forms of chicanery, and it persists in refusing alliance with clairvoyants, homœopaths, and all others who systematically practice deception."

We do not agree with the *Register* that "it would be a decided step in advance were the press to teach that there are few, very few, educated physicians of the orthodox homœopathic school." For it can scarcely be "a step in advance" to teach any falsehood, and especially so absurd and baseless a falsehood as the one suggested. The people have the means of finding out the truth about the matter, and when they learned, as learn they would, that there are really about ten thousand such physicians, instead of "a few, a very few," the press which promulgated the intentional deception would be held up to public scorn, and its influence would be correspondingly lessened. It may be set down as a rule that in journalism it pays to be honest.

The *Register* also proposes that the people should be beguiled into the belief, known to be erroneous, that the average homœopathist employs and depends upon non-homœopathic measures in five to one of his extreme cases.

Perhaps the *Register*, being a new journal, does not yet know that this huge lie actually has been industriously circulated for years by certain allopathic journals, and by a couple of dozen homœopathic (so-called) physicians. But this systematic lying has not been "a decided step in advance," not at all. It does not deceive very many people, because most of them know its real character the moment they hear it.

Now Mr. *Register*, listen to a little friendly advice. You are yet quite young. Do not, we beg of you, make the too common mistake of supposing that you can play the fool with either intelligent physicians—if they really *are* intelligent,—nor with an intelligent American public. Do not attempt to make them believe that homœopathic physicians do not practice homœopathy, because if you do, your readers will ask how you find out what medicines they really do prescribe. They will want to know if you follow 10,000 physicians in their daily rounds and peep over their shoulders while they are prescribing. And if you can show—we don't see how you can—that you know what medicines they give, people will say, even then, that you don't know enough about Homœopathy to be able to tell whether the prescriptions are homœopathic or not. And the people will be right on that point, Mr. *Register*; you know they will. Don't you see, Mr. *Register*, that when you talk like that, people who have three grains of sense will laugh at you for a fool or else despise you for a knave?

Another thing; do not attempt to criticise Homœopathy until you know *something* about it. If you do, you'll make yourself look like a fool again, Mr. *Register*, just as a hundred of your predecessors have done before you. So long as you remain in your present ignorance of Homœopathy, you will find that whenever you open your mouth on that

subject you will put your foot in it. Imagine yourself, Mr. *Register*, with your foot in your mouth; familiar as the attitude is in allopathic journalism, people still go into convulsions whenever they see it. It looks so ungraceful.

We would advise you at the beginning of your career as a journal to seek at least a good general knowledge of Homœopathy. But do not suppose that you can get it from such persons as Hooker, Simpson, Holmes, Palmer, *et al.* of that stripe. They have written books on the subject to be sure, but they know no more about it than you do—and you know how little that is. But no! come to think, you *don't* know; and that is what ails them also. As well might you ask Bob Ingersoll for an exposition of the doctrine of the Atonement—or the doctrine of any thing else for that matter. Go up to the new brick building on Broad street, known as the Hahnemann College, and find some first-course student there who will take enough interest in you to instruct you in the general principles and applications of Homœopathy. He will probably wish to ascertain, first, how much you already know of the subject, and will ask you more sound, common-sense questions about the real principles of therapeutics, homœopathic and allopathic, in two minutes than you will be able to answer in a month of Sundays. Then you must *first* get him to teach you that the size of the dose does not determine its homœopathic or non-homœopathic quality—that a big dose may be purely homœopathic and that an infinitesimal one may be, as it very often is, as allopathic as—well, as the Philadelphia *Medical Register*. All first course homœopathic students know this, (though about one per cent of them afterwards forget it,) but it will be hard for *you* to learn it, Mr. *Register*,—awful hard. But then you will have the distinguished honor of being the first allopathist that



ever did learn it, and that will be some compensation for your exhausting labor. Then when you have learned it quite thoroughly you will need a vacation. Of course you will forget it all before you get home to your dinner, unless you are different from any other allopathist that we ever heard of, and you must go back to your teacher after dinner and learn it over again. Get him to write it on your shirt-cuff, so you can remember it until next wash-day. It is impossible to say why it is so difficult for allopathists to learn and remember this very simple proposition, but so it is. It must be due to their inborn cussedness. If they only *could* learn it, it would deliver them from a vast deal of prejudice, and would keep a good many of them from making asses of themselves.

Then, and not before, you will be mentally capacitated to undertake the study of Homœopathy, and to acquire an intelligent conception of its great central principle, the Law of Similars, and the mode of its application, and you will be surprised to learn that you have yourself been practicing more or less homœopathy all these years without knowing it, and criticizing it without understanding it. Then, as the conception of your past ignorance and folly bursts upon you, you will call yourself hard names, and those of your friends who are acquainted with the facts will heartily echo your sentiments.

After that, your criticisms of Homœopathy and homœopathists will be more conservative, more intelligent and more truthful, and will have ten-fold more influence even among ignorant allopathic readers. Then, when you are convinced that the action of a drug in a case recorded in your pages, is homœopathic, you will boldly say so, just as you would mention any other scientific observation, and you will *not* follow up your statement by a needless fling at

homœopathists—a sop to Cerberus—although you were too cowardly to face the prejudices of your readers. Then you will know that homœopathy, instead of being the bundle of nonsense that you imagine it, is a simple, logical, rational, and withal, efficacious mode of selecting remedies for the alleviation and cure of disease, and while you may not prefer it to your older method, you will at least see that it must always constitute an essential part of medical science, and that your hope to crush it out, or even to stay its progress, by a systematic recourse to misrepresentation and lies, is an utterly vain hope. It is getting late, Mr. *Register*, we must bid you Good Night! Before you retire, say your little prayer, and ask a kind Providence to keep you honest, and, above all, to preserve you from the danger of making a fool of yourself.

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#### AN UNFORTUNATE MISTAKE.

In our April editorial upon "The Moral Status of the Medical Profession," we alluded to the deliberate and persistent theft of homœopathic indications and their insertion in allopathic works without credit to their author, and, by some unaccountable slip of the pen, wrote Bourdon Sanderson's name when we meant Lauder Brunton. It is unpleasant enough to have to say such a thing even of a guilty man like Lauder Brunton, but to speak thus of one who is entirely innocent, is far more so. We ask pardon of the gentleman whose name we so wrongfully used, and plead as a claim the fact that in our Notes and Comments, on page 245, we did succeed in branding the real culprit.

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#### THE VIRGINIA EXAMINING BOARD.

We publish in another page, a communication from Dr. George A. Taber, a member of the Examining Board of Virginia, showing that our information

upon which we criticized the work of the board, was grossly incorrect. This information we obtained through *The Southern Clinic*, an allopathic journal whose statements we presumed to be, upon such matters at least, perfectly reliable. We are obliged to Dr. Taber for giving us the official figures, and take pleasure in saying that they show that there was no real ground for the strictures made by this journal against the action of the Board.

### Notes and Comments.

Solid oxygen resembles snow in appearance.

The *Medical Current* has become a bi-weekly.

The homœopathic physicians of California number about 230.

The common fig is said to contain a peptonizing ferment.

A post-graduate school at Glasgow, Scotland, is in contemplation.

The Congress of German naturalists and physicians has a membership of 2224 persons.

The mouth-piece of the public telephone is accused of being an infection carrier.

M. Bouchard has induced cataract in rabbits by introducing naphthaline into the digestive canal.

A local anæsthetic, called Kava resin, has been found in the root of piper methisticum.

The mortality of the city of London for the week ending January 1st, 1887, was 1899.

Glacial acetic acid applied to warty growths, pigmentary molds, etc., will cause their disappearance, leaving no scar.

Dr. Von Klein proposes making a compilation of those portions of the Talmud pertaining to medical matters.

Rags and old garments have frequently a large influence in the propagation and spread of infectious diseases.

New York is the only State as yet which has undertaken to regulate the practice of veterinary medicine and surgery.

Dr. L. Butte has collected twenty cases of puerperal affections in which fatal results followed the use of corrosive sublimate as an antiseptic.

Dr. W.W. Ray, of Lebanon, Kentucky, reports a case of stone in the tonsils, in which he removed the concretions and cauterized the crypts.

New York has a New Tenement House law, which when enforced will, we hope, greatly improve the sanitary condition of the homes of the poor.

A new albumen precipitate consists of a mixture of lactic acid, peroxide of hydrogen, and common salt. The albumen thus precipitated is remarkably digestible.

An industrious German has "numbered" the hairs of four human heads, and found them to contain 90,000, red; 108,000, black; 109,000, brown; and 140,000, blonde, respectively.

The claims of Pasteur as regards the prevention of hydrophobia are still being met with fierce and determined opposition on the part of many of his countrymen.

A Haverhill druggist mistook the sign "ss" for 88, and so put up 88 grains of podophyllin to be taken at one dose. The patient promptly died.

A case of tuberculous bladder is reported. The principal symptoms seem to have been very frequent micturition, severe and constant pain in the loins, and exquisite sensitiveness of the urethra.

"Thou shalt not steal" is the title of an editorial in the April number of the *Atlanta Medical and Surgical Journal*. Will the editor please send a marked copy to Lauder Brunton?

The lowest human temperature on record is that of a woman dying from myxœdema, reported in the *Lancet*, which ranged from 66° F. to 76° F. The pulse was 36 and respiration 12.



The Pittsburgh Homœopathic Hospital has issued a neat pamphlet of 126 octavo pages, giving a history of the new building and its dedication, together with a report of its work from 1883 to 1886 inclusive.

"The growth of specialism is at the same time a benefit and a peril. There should be great specialists; but there is danger in the rapid evolution of a multitude of minor specialties."—*Spencer Wells*.

A new local anæsthetic, in the form of a crystalline substance, has been obtained, in minute quantities, from the rind of pomegranates, which, when placed on the tongue or other portions of the mucous membrane, paralyzes local sensation after the manner of cocaine.

The Westboro' (Mass.) Insane Hospital has been in actual operation four months. Superintendent N. Emmons Paine, M. D., reports about 250 patients now under treatment (homœopathic), and that the results promise to be as encouraging as those at the Middletown (N. Y.) Hospital, with which Dr. Paine was formerly connected.

The latest statistics of Pasteur's treatment of hydrophobia, give the whole number of cases treated as 2682, 31 having died; making the mortality as 1.13 per cent. It is stated that the most moderate statistics indicate 16 per cent. for persons bitten and not subject to such treatment.

Subiodide of bismuth is said to be a reliable antiseptic, in that it is not easily volatilized, has no objectionable odor, produces no irritation, is not dangerous when absorbed, and cures in half the time, and with far better results than can be obtained by any other treatment yet employed.

A very quick method of taking temperature is to run the mercury up to about 108° by either friction of the bulb or by dipping the same in hot water. It should then be quickly placed in the mouth or axilla of the patient, when it will immediately fall to his temperature. This of course, will not apply to self-registering instruments.

Hayward's hand fire grenade contains a colorless fluid composed of chloride of calcium, chloride of magnesium, chlor-

ide of sodium, bromide of potassium, chloride of barium, water and traces of iron and aluminum chlorides. Harden's fire grenade consists of a solution of common salt and sal ammoniac, and Schonberg's of a solution containing one part of soda to three parts of common salt.—*Scientific American*.

A new collodion is made by mixing three parts of gum mastic in powder and one part of balsam of Peru, dry, and dissolving the whole in five parts of chloroform. When an analgesic effect is desired, one part of narcotine may be added to the gums and dissolved with them in the chloroform. Silk or linen cloths may be soaked in the mixture and dried and afterwards used as court plaster.

Is the medical profession overcrowded? is a question which Dr. Watkins (eclectic) in an old number of the *Eclectic Medical Journal* answered in the negative. "Eclectics," he says, "are thriving everywhere, especially if they be of the better sort—well educated and well behaved. If a doctor drink, gamble and tell questionable stories at corner groceries, he is not fit to be a physician; he should be crowded out." The suggestion is as good to-day as it was in 1884.

Arkansas, Florida, Nevada and West Virginia have the same number of homœopathic physicians as they had one year ago. In twelve other States mentioned in Hoyne's Directory, there has been an aggregate decrease of about thirty. In the remaining nineteen States and Territories covered by the Directory there has been an aggregate increase of 118; nett increase, eighty-eight. Considering the rapid increase of population in those States, this increase is probably not more than one-third of what it should be. During the past twenty years the aggregate in all these States has increased from 1185 to 2874, equal to 142½ per cent. [See the *Medical Visitor*.]

The Minnesota *Medical Monthly* predicts that the new medical law of that State will do more to check medical progress there than anything ever before contemplated, and says that "within six months we will be the laughing-stock of all the Northern States."

This prediction will be fulfilled beyond all doubt—so far, at least, as it applies to the Minnesota homœopaths. They

are under the necessity of securing the aid of five allopathists in order to license a graduate of their own college. They tried, strange to say, to make the number six, instead of five; *i. e.*, they wanted the number of votes in the Licensing Board requisite to "pass" a candidate, raised from seven to *eight*. The strangest thing of all is that the American Institute of Homœopathy, by a resolution adopted at St. Louis two years ago, expressly warned the profession and public against the very bill which, with but slight modification, has recently been allowed to pass the Minnesota Legislature. The Institute did her whole duty in the matter, but the physicians most interested, it seems, have not heeded the warning.

### New Publications.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. III (4 vols.) The Pathology of Labor. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. III of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.) issued monthly during 1887. Price of the set, \$16.50. New York: William Wood & Co.

Vol. III of this valuable treatise considers the Pathology of Labor under two general heads: 1, Maternal Dystocia, and 2, Dystocia Due to the Fœtus. The former subject is subdivided into: 1, An abnormal condition of the expulsive forces, which may be exaggerated, diminished or perverted; 2, Obstacles or malformations that prevent the normal expulsion of the fœtus, either of the bony pelvis, in the soft parts or parturient canal, or in the vicinity of this canal.

Malformations of the pelvis, resulting from rachitis, osteomalacia, Potts' disease, exostoses, etc., are elaborately treated of in seventy pages. The illustrations of these various malformations are numerous and excellent, and, with the statistical table, add greatly to the pages devoted to the subject.

The author tells us that the prognosis of these conditions depends "upon the treatment, and in regard to this authorities are not at all in accord. In France it is the forceps; in Germany and in England preference is given to version."

We were particularly impressed with the truth of the remarks upon Laceration of the Perineum; Dr. Charpentier states that this accident occurs far more frequently than is generally admitted; he quotes from the observations of Ols-hausen, who, during ten years' experience, found that the perineum was torn in 21.1 per cent. of primiparæ and in 4.7 per cent. in multiparæ. The editor remarks that after the completion of labor the obstetrician should not only look at the perineum, but also test its integrity by the finger, as the mucous membrane and muscles may give way, the skin still be intact. If this rule be followed, the statement will no longer be heard, as it frequently is—"In an extensive practice, laceration of the perineum has never occurred."

Dystocia Due to the Fœtus is caused by: 1, Abnormal size (partial or total), or malformation of the fœtus or its attachments; 2, Abnormal presentation or position, which may be complicated with prolapse of a limb or of the cord.

Simple and composite monsters are described in fifty fully illustrated pages.

In the last chapters, ergot and its uses are discussed, where the author declares that he adopts Pagot's law in its entirety. "As long as the uterus contains anything, be it child, placenta, membranes, clots, never administer ergot. We reserve it, therefore, purely for uterine inertia after the termination of the third stage of labor."

We feel justified in recommending this work as one of the best on the subject with which we have met.

B. W. J.

THE CHILD'S HEALTH PRIMER, for Primary classes; with special reference to the effect of alcoholic drinks, stimulants and narcotics upon the human system. A. S. Barnes & Co., New York and Chicago. 12mo; pp. 124.

Number 1 of the "Pathfinder" series. Admirably adapted to the work of impressing first lessons in the art of preserving health.

HYGIENE FOR YOUNG PEOPLE. Adapted to intermediate classes and common schools. Prepared under the direction of the Women's Christian Temperance Union. A. S. Barnes & Company, New York and Chicago.



The title of this work does not convey a very accurate idea of its scope and import. The book is chiefly a brief description of some of the important bodily functions, with a portrayal of the evil effects exerted upon them by alcohol, opium, tobacco, chloral and other drugs in too common use.

#### A CYCLOPÆDIA OF DRUG PATHOGENESY.

Edited by Richard Hughes, M. D., and J. P. Dake, M. D., with the aid of the British and American Consultative Committees. Part V., Cantharis—Chromium. London, E. Gould & Son. New York, Boericke & Tafel, 1887. Octavo, pp. 192.

This number of the Cyclopædia begins the second volume of that work. The drugs considered in this part are, Cantharis, Cantharin, Capsicum, Carbo, Carbonum sulph., Carduus, Caulophyllum, Causticum, Cedron, Chamomilla, Chelidonium, Chenopodium, China, Chininum, Cinchoninum, Chininum Arsenicosum, Chloralum, Chromium.

**THE REVOLUTION IN MEDICINE.** Being the seventh Hahnemannian oration, delivered October 5, 1886, at the London Homœopathic Hospital. By John H. Clarke, M. D., London. Keen & Ashwell, 74 New Bond St., W. New York. Boericke & Tafel, 1886.

In this address, Dr. Clarke has put before the profession, in his own felicitous style, some of the important changes wrought in the condition of medical art by Hahnemann and Homœopathy, and the vast necessity that existed a hundred years ago and indeed still exists, for its radical improvement. It is a valuable little work for campaign purposes.

**HASCHISCH.** A novel, by Thorold King.

The author of this book, takes the well-known mental symptoms of haschisch and weaves them in an interesting romance in which the drug is successfully employed to obtain a confession from a murderer, and thus free the imprisoned hero from a wrongful accusation and restore him to the arms of his betrothed. The story is well told and will more than repay its perusal.

## Gleanings.

### Epileptiform Symptoms from Disease of the Ear.

Dr. Trautman of Berlin, has related a case of exudative inflammation in the middle ear, in a girl, three years old, in whom there also ensued as a consequence, epileptiform manifestations, followed by peculiar paroxysms of another kind. The latter consisted in the falling of her head on her breast, unconsciousness for about one minute, then a deep inspiration and again consciousness. Several months later, Dr. Trautman discovered unsteadiness of gait and uncertainty of speech, but no other motor or sensory disturbances. Both membranes were retracted and in the left tympanic cavity, there was a copious exudation. Paracentesis was performed and was followed by irrigation through the catheter. Shortly after the operation one of the above named attacks occurred, but after that they ceased to appear. It is held that the exudation was the cause of the epileptiform symptoms in this case. The writer expresses the opinion that in such cases of exudation in the middle ear which occur with violent symptoms, and in which death may ensue in consequence of meningitis, infectious elements underlie the disease. He further claims that such cases occur often simultaneously in several members of a family and at a time when naso-pharyngeal catarrh is prevalent. The treatment in such cases consists in a prompt paracentesis of the membrana tympani and evacuation of the exudation from the drum cavity. —*Amer. Jour. Med. Soc.*, April, 1887.

### Internal Derangements of the Knee Joint and their Treatment by Operation.

Mr. Annandale has operated in eight cases of knee-joint disease which failed of cure by the usual methods. These eight cases may be divided into three groups:

1. Displacement of the semi-lunar cartilage.
2. Growths in the interior of the joint.
3. Growths from the bone protruding into the joint.

There were four cases of the first of these groups. The operation which cured in each case was performed as

follows: An incision is made along the upper edge of the tibia on the side corresponding to the cartilage displaced, and it should extend from the border of the ligamentum patellæ, outwards or inwards according to the cartilage affected for a distance of three inches. The tissues having been divided, and the synovial membrane exposed, all the vessels should be secured before the joint is opened. This having been done, the synovial membrane is incised in the same direction as the external wound, and the parts examined. A blunt hook is then inserted, and hooked round the anterior margin of the displaced cartilage, which is in this way brought into its proper position and held there while two or three interrupted catgut sutures are passed through it and the periosteum and fascia over the edge of the head of the tibia. In this way, the cartilage is firmly secured in its proper place. The edges of the external wound are then brought together by sutures and the dressing and splint are applied.

In regard to the treatment of cases of growths within the knee-joint, Mr. Annandale thinks that they should be removed by operation as soon as they interfere with the function of the joint. Experience proves that it is only necessary to remove the loose portion of the growths, if its nature is simple, or it may even suffice to draw it away when small, and secure it with a stitch, so that it will not pass between the joint surfaces and interfere with their free movements.

In his only case of growth from the bone protruding into the joint, Mr. Annandale opened the joint and chiselled away the growth. The result was perfect.—*British Med. Journ.*, Feb. 12, '87.

#### Vomiting as a Cause of Ear Trouble.

Mr. Chas. Atkin reports the following case: During a violent fit of vomiting in which some of the contents of the stomach poured out of the nostrils, the patient felt as if his right ear suddenly became plugged. He endeavored to ease the dull tickling sensation by inserting his little finger in the external meatus without result. The next morning he was slightly deaf and complained of his voice reverberating in his ear and of a continuous throbbing. Though instructed how to

perform Valsalva's method he derived no benefit, and could not force any air into the right ear, though he felt it in the left distinctly. Swallowing, yawning, coughing, sneezing sometimes seemed to ease him for a minute or two but the worry soon returned. Some days afterwards the left ear went in exactly the same way. At this time the right ear appeared to bulge slightly below and behind and the sense of having a drop of fluid in the ear seemed to depend on the position the head was held in. As the patient was dying from abdominal sarcoma, no operation was performed for the relief of the deafness, which continued to the last.—*British Med. Journal*, Feb. 12., 1887.

#### Drumine.

Dr. Jno. Reid makes the following notes concerning his experience in the use of drumine: In nasal catarrh, injected into the nostrils, it effects an immediate cure. It may, in chronic cases, or otherwise, be used in solution with gr. j corrosive sublimate to the pint, and gr. vi ad ʒj hydrochlorate of drumine. Spasmodic contractures at the anus—solution locally; the same in pruritus. Facial dermatitis, with acne and itching; spermaceti, ʒj, drumine gr. x. Sciatica or lumbago: case of two years' duration, unaffected by other remedies, cured by two injections. Sprains: Cases of sprained abdominal muscles cured speedily by free injections. Periosteal pain following fracture of the lower end of the sternum, with tenderness, of two years' duration, cured by injections. Burns: extensive denudation of the skin; very free application to raw surfaces; relief of pain; no constitutional symptoms. Neuralgia: dropped into the eye it gave relief. Operations: used in probing for splinter (producing a feeling of deadness); in probing abscess in the foot, etc. Internally, relieved the feeling of thirst on a scorching day, and made the tongue moist. On tongue: one side may lose the sense of taste for quinine, the other being unaffected; also common sensibility destroyed.—*British Medical Journal*, March 26, 1887.

#### Case of Swollen Optic Disc in which the Sheath of the Optic Nerve was incised behind the Eyeball.

At the meeting of the Medical Society of London, held March 26, 1887, Mr.



Brudenell Carter related the case of a young woman who sought advice on November 18th last, on account of impaired sight of her left eye and headache, these symptoms being of ten days' duration. The left optic disc was much swollen, and the eye was blind over the temporal half of its field of vision. The patient was admitted into the National Hospital for Epilepsy under Dr. Hughlings Jackson and himself. Iodide of sodium and mercurial inunction were prescribed. She speedily became mercurialized, but her condition did not improve. Hæmorrhages and patches of exudation appeared in the swelling. On Dec. 28th, Mr. Carter divided the external rectus muscle, rotated the eyeball inward, exposed and opened the sheath of the optic nerve, and gave exit to the contained fluid. The patient was at once relieved of headache, which did not return for a month. The swelling gradually diminished, and the field of vision was restored. Mr. Carter pointed out that this operation could be accomplished with certainty and without danger, and advised its employment in every case of swelling of the optic disc.—*British Medical Journal*, March 26, 1887.

#### The Differential Diagnosis of Disease of the Sound-conducting and of the Sound-perceiving Apparatus.

Bartsch recommends an experiment which seems to him more serviceable than Gelle's experiment in the differential diagnosis above mentioned. The experiment is based on the attempted exclusion from the auditory function of the sound-conducting portion, by rarefaction of the air in the external auditory canal. The air being exhausted from the meatus by means of a rubber tube hermetically inserted into it, the drum-head will be rendered to some extent incapable, at least during great negative pressure, of propagating to the labyrinth, the vibration which impinge upon it. Under great pressure thus exerted upon one's self, one feels how the drum-head is extended outward, and, since with such great tension of the drum-head, the malleus is also withdrawn from the incudal joint, the transmission of sound waves by the drum-head and the ossicles will be thus greatly hindered. In that case, therefore, only those vibrations will be conducted to

the labyrinth which are directly propagated by the bones which do not touch the drum-head, *i. e.*, the cranial vibrations. The question then will be, How intensely and how long are these vibrations perceived? Are they of the same intensity, are they perceived for the same length of time as when the tuning fork vibrates on the head without the air being exhausted from the meatus? In that event, we must assume that the sound-conducting apparatus performs its functions badly. Or, else if they are much fainter, or are heard for a much shorter time than before, the sound-conducting apparatus is healthy. The experiment proves that direct bone conduction readily produces auditory sensation.—*N. Y. Med. Jour.*, April 2, 1887.

#### Submucous Laryngitis Treated by Hot Water.

Dr. A. H. Buckmaster reports having succeeded in averting the necessity of tracheotomy by resorting to hot-water irrigation in the case of a girl, eighteen years of age, who had been for two days suffering with pain, hoarseness and difficulty in deglutition. Urgent dyspnoea coming on during the night, the patient was placed on her side upon a rubber blanket, with the head lower than the shoulders, and a stream of hot water, at about 120° F. was thrown against the oedematous tissues. At first, attempts at swallowing were excited; soon this difficulty subsided, and in the course of half an hour all distressing symptoms had disappeared. The author quotes at length from the experiments of Dr. Milne Murray in illustration of the effect of hot water upon the tissues, and refers to Dr. T. Addis Emmet as the one who first brought this therapeutic agent prominently to the attention of the medical world.—*Medical Analectic*, April, 1887.

#### A Spinal Cord of a Case where Nerve Stretching had been Employed.

The specimens consisted of sections of a spinal cord of a patient in whom Dr. Teissier had stretched both sciatic nerves. In sections from the upper part of the cord, the microscope demonstrated a rupture of the gray matter, while the white matter had preserved absolutely intact its form and relations. M. Aubert has seen symptoms indicating a traumatism of the cord follow nerve

stretching, while M. Polosson has seen an acute myelitis follow the same operation.—*Medical Analectic*, April, 1887.

**Important Points in the Anatomy and Physiology of the Stomach and their Application in Practice.**

Dr. A. W. P. Leuf claims that the normal position of the stomach is almost vertical. This is best noticed along the lesser curvature, for the greater has a long roundabout curve, which, when the organ is distended, gives the impression of its being horizontal in position. The pylorus is relatively fixed; the cardiac orifice absolutely so. The lesser curvature is also capable of but limited motion. The cardiac pouch, instead of projecting to the left during distention, actually moves upwards against the base of the lung and with but a moderate inclination to the side.

When empty, the stomach assumes a tubular shape. Its calibre is very small, the mucous membrane deeply corrugated or folded, the muscular coat contracted and thickened, and the external measurement of the stomach not much greater than that of the jejunum when moderately distended. It is very thick, however, and quite round, instead of flat. The cardiac end is not obliterated in the tubular condition, but appears jutting upwards, very much like the hump on Punch's back.

In the full and partly full stomachs, water ingested, instead of mingling with the food, as we are so generally taught to believe, passed along rather quickly between it and the lesser curvature toward the pylorus and through this opening into and down the gut.

The gastric juice flows periodically; the flow of mucus is constant. The latter is especially noticeable in the intervals between the periods of digestion. Foreign bodies, when introduced within the empty stomach, whether it be distended with gas or not, increase the flow of mucus without causing the secretion of the gastric juice. Mucus is normally secreted during the night. Some of its liquid portions are absorbed; that which is left behind is therefore thick and tenacious. The tubular or contracted stomach with its puckered mucous lining, always normal in the morning before breakfast, is not in a condition to receive food. The mucus it contains

interferes with prompt digestion and its firm contraction is an obstacle to the free circulation of blood through its vessels. A goblet of water taken before breakfast does several things; first, it passes through the stomach into the small intestines in a continuous and uninterrupted flow; second, it partly distends the stomach, stretching and to some extent obliterating the rugæ; third, it thins and washes out into the gut most of the tenacious mucus; fourth, it increases the fulness of the capillaries of the stomach, directly if the water is warm, and indirectly, in a reactionary way, if it is cold; fifth, it causes peristalsis of the whole alimentary tract.—*Medical News*, April 16th, 1887.

**Fracture of the Internal Epicondyle treated without Splints.**

Dr. G. T. Loomis, of Minneapolis, reports the following case in the *Medical Record*, for April 16, 1887: "H. D—, aged nine, was thrown forcibly on the ice striking his elbow and was brought immediately to my office. He was suffering severe pain about the internal condyle, which was increased by any attempt at extension, although the latter could easily be done. The arm was semi-flexed, the point of the condyle being displaced downwards one-half inch, and could be moved easily in any direction. I flexed the arm and reduced the displacement easily, and applied a bandage firmly, the arm being held in a sling. No pain and little swelling next day. The dressing was left in position one week and the arm could then be extended about one-half. The bone remained in position. Passive motion was made nearly every day for four weeks, the arm swinging at the side without a bandage. At the present time, two months after the accident, the boy can extend and flex the arm nearly as well as ever."

**Double Current Nozzle for Urethral Irrigation.**

For purposes of urethral irrigation, Dr. Louis F. Kiefer has devised the following instrument: It is made of hard rubber and is about three inches in length. It consists of two tubes, one



end of each being free, the other ends being united side by side in a bulbous expansion; the bore of each tube, remains separate and each tube opens separately at the apex of the bulbous extremity. The bore and orifice of one tube is smaller than that of the other; the smaller will be designated as the *inflow* and the larger the *outflow*-tube. The inflow-tube is intended to be connected to the tubing from a fountain placed at a proper elevation. The conical bulbous end is so made in order to fit the varying sizes of urethral orifices, and when once inserted into the meatus can be firmly held there without interfering with the outflow of the fluid. The instrument is intended then to be used, as follows: The inflow-tube having been connected to the tubing, as stated above and the fountain filled with the desired solution, the conical bulbous end is to be inserted into the meatus and firmly held there by one hand; the solution may now be allowed to flow through the inflow tube, and if now the free end of the out-flow tube be closed by a finger of the disengaged hand the fluid will thus distend the entire urethra and thus come into contact with every portion of the urethral walls. This manœuvre can be gone through with from fifteen to twenty-five times per minute, thus making it possible to inject a quart or more in a very short time. *Medical Record*, April 9, 1887.

#### The Cause of Ineffective Pains in Primiparæ.

Dr. Ashfeld attributes feeble contractions during the expulsive period to the fact that during the course of the labor, the uterus is drawn upward so far that only a small portion of the fœtus remains within it, and consequently the contractions of the organ itself exert comparatively little force upon the head when it is low in the pelvis. It is upon the abdominal muscles that the duty of expulsion devolves. The indication is to support these muscles by a proper binder. If the head has not yet reached the pelvic floor, the woman may be encouraged to sit on or between two chairs slightly separated, and to strain as if at stool. If the head is visible at the vulva, labor may be terminated by a resort to Ritgen's method.—*Archives of Gynecology*, April, 1887.

## News, Etc.

**PERSONAL ITEMS.**—Dr. Eugene L. Oatley has opened an office at 1221 Spruce street, Philadelphia.

Dr. John D. Ward (Hahn., Phila., '87) has located at 1908 Master street, Philadelphia.

Prof. Samuel Lilienthal, formerly of New York city, sends us his card from San Francisco, Cal., announcing himself as "Consulting Physician, No. 729 Sutter street. Telephone number 2058." The good doctor knows how we all feel toward him, how glad the readers of the homœopathic journals are to hear from him. May he yet live long and continue to be both happy and useful.

Drs. A. L. Monroe and Chester Mayer, Louisville, Ky., have dissolved partnership. Dr. Monroe's office hereafter will be at N. E. cor. Third avenue and Chestnut street, and that of Dr. Mayer at No. 635 Third avenue.

**THE COMMENCEMENT EXERCISES OF THE N. Y. HOMŒOPATHIC MEDICAL COLLEGE** were held in Chickering Hall on the afternoon of Thursday, April 14th. The exercises were interesting throughout, being not so long as to be tiresome, and yet long enough to show the excellent work which the college is doing and the high grade of scholarship which it aims to maintain. Prof. T. F. Allen, the dean of the faculty, in his introductory address, briefly reviewed the work of the year, and then announced to the audience the pleasing fact that two citizens of New York had already promised him \$25,000 each for a new college building and free hospital, and that other donations would swell the fund to \$100,000, with many friends of homœopathy yet to hear from. The degree of M. D. was then conferred by Hon. Salem H. Wales, President of the Board of Trustees. The graduating class numbered forty-six, having entered upon the year with fifty-three. Prof. St. Clair Smith, President of the Faculty, presented the senior prizes for the best averages throughout the entire course. The first faculty prize, a \$100 microscope, was awarded to E. D. Fitch, of Worcester, Mass., and the second prize, a \$50 microscope, to James Crooks, Jr., of Paterson, N. J. The honor men were B. W. Stilwell, J. J. Russell, W. W.

Johnson, R. P. Fay, and S. I. Jacobus. The Wales prize, a Helmuth pocket case, for the highest average in all the junior and middle studies, was awarded to F. W. Hamlin of the middle class. The class valedictory, by George B. Best, concluded the exercises of the afternoon. The annual alumni dinner at Delmonico's, occupied the evening. Dr. Selden H. Talcott, of Middletown, was the toast master, and proved, as usual, the right man in the right place. Toasts were happily responded to by Dr. Fisk, of Brooklyn, Elihu Root, Dr. Dowling and Rev. Dr. McArthur. Dr. Helmuth read one of his inimitable poems, and B. W. Stilwell spoke for the new graduates. A handsome subscription from the alumni and faculty for the building fund was a prominent feature of the occasion.

**COMMENCEMENT EXERCISES OF HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.**—The thirty-ninth annual Commencement of the Hahnemann Medical College was held on Thursday, April 7th, 1887, in the Academy of Music, corner Broad and Locust streets. From eleven A. M. until noon, Bastert's orchestra discoursed strains of music to the assembled friends of the graduates and of the college, who filled every part of the vast auditorium. At 12 o'clock precisely the graduates, forty-eight in number, with the Trustees, Faculty and quite a number of prominent physicians of the city and vicinity, entered and took the seats assigned them. Prayer was offered by Rev. A. Spaeth, D. D., and the Valedictory to the class was delivered by Professor B. F. Betts, M. D.

Hon. Wm. B. Hanna, D. C. L., President of the College, then conferred the degree—Doctor of Medicine and Doctor of Homœopathic Medicine—upon the following named gentlemen:

Abbott, J. de B., Bristol, Pa.  
 Allen, M. R., Norfolk, Va.  
 Baker, B. L., Walla Walla, W. Ty.  
 Becker, J. F., M. D., Clermont, Ia.  
 Benedict, Chas. W., Meadville, Pa.  
 Boileau, J. D., Philadelphia, Pa.  
 Brown, C. C., Trenton, N. J.  
 Flinn, J. M., M. D., Wilmington, Del.  
 Flinn, L. W., M. D., Wilmington, Del.  
 Fortiner, G. R., M. D., Camden, N. J.  
 French, E. E., Bordentown, N. J.  
 Geiger, C. A., Roswell, Ga.  
 Gerberick, M. B., East Hanover, Pa.

Gerhart, W. L., Lewisburg, Pa.  
 Heilner, H. F., Shamokin, Pa.  
 Horter, L. H., Philadelphia, Pa.  
 Hummel, H. R., Pine Grove, Pa.  
 Johnstone, R. B., Philadelphia, Pa.  
 Haas, George H., Lyon Valley, Pa.  
 Karsner, Daniel, M. D., Philadelphia, Pa.

Klopp, C. L., Stroudsburg, Pa.  
 Krusen, E. A., Philadelphia, Pa.  
 Kuestner, J., Philadelphia, Pa.  
 Kuhry, G. M., Ontario, Canada.  
 Lane, O. W., Barre, Vt.  
 Lindsley, H., Salt Lake City, U. Ty.  
 McDowell, Charles H., Philadelphia, Pa.

Millen, Jesse C., Philadelphia, Pa.  
 Miller, C. R., Middleport, Pa.  
 Minard, W. F., Burlington, Vt.  
 Morris, William S., Philadelphia, Pa.  
 Negendank, E. T., Wilmington, Del.  
 Norris, A. A., Philadelphia, Pa.  
 Pleasanton, George W., Morton, Del.  
 Powell, W. R., Norristown, Pa.  
 Pulsifer, W. M., M. D., Waterville, Me.

Reigel, A. J., Fredericksburg, Pa.  
 Rodes, Joseph, Philadelphia, Pa.  
 Selfridge, C. M., Oakland, Cal.  
 Shalkcross, I. G., Philadelphia, Pa.  
 Speakman, W. W., West Chester, Pa.  
 Spencer, W., Philadelphia, Pa.  
 Taylor, W. S., Asbury Park, N. J.  
 Thompson, Landreth W., Philadelphia, Pa.

Vischer, Carl V., Philadelphia, Pa.  
 Walborn, J. M., Union Bridge, Pa.  
 Walter, J. A., York, Pa.  
 Ward, John D., Philadelphia, Pa.

**ALUMNI ASSOCIATION OF HAHNEMANN COLLEGE.**—The third annual meeting of the Alumni Association of the Hahnemann Medical College of Philadelphia was held in the new college building April 7, 1887, at 8.30 p. m. The President, Dr. J. H. McClelland, of Pittsburgh, occupied the chair.

On motion, the reading of the minutes of the previous meeting was dispensed with.

The President then delivered a short address, in which he recommended the appointment of an alumni trustee to the college.

Dr. A. R. Thomas, Dean of the College Faculty, then reported. He said that the furniture in the new building had been fully paid for, but that there still remained about \$10,000 unpaid on



the college building. The prospects of the college for increased classes were also flattering in the extreme.

Dr. W. W. Van Baun then presented the report from the Executive Committee making certain recommendations, which were taken up *seriatim*.

A proposed change in the by-laws permitting officers of the college to hold office in the Association was adopted.

The ninety-eight candidates for membership were duly elected.

The Executive Committee was authorized to publish a new edition of the Constitution and By-Laws of the Society, and make such corrections in the same as were necessary. The report of the Treasurer was next presented, showing the financial condition of the Association to be excellent. The report of the Necrologist was next received and filed.

A nominating committee was then appointed to nominate officers of the Association for the ensuing year. When the committee had retired, Dr. McClelland called for an expression of opinion respecting the expediency of appointing an alumni trustee.

Prof. Thomas said that the methods of electing the college trustees would prevent the appointment of the alumni trustee without changing the regulations of the institution.

Dr. Cooper, of Allegheny, thought it better for the college authorities to make the overtures looking to the appointment of an alumni trustee and not for the alumni association to intrude itself.

The nominating committee then returned and recommended the following nominations:

*President*.—J. W. Dowling, M. D., '57, New York.

*Vice-Presidents*.—J. C. Budlong, M. D., '63, Providence, R. I.; J. F. Cooper, M. D., '53, Allegheny, Pa.; H. Noah Martin, M. D., '65, Philadelphia, Pa.

*Permanent Secretary*.—W. W. Van Baun, M. D., '80, Philadelphia, Pa.

*Provisional Secretary*.—Clarence Bartlett, M. D., '79, Philadelphia, Pa.

*Treasurer*.—W. H. Bigler, M. D., '71, Philadelphia, Pa.

*Executive Committee*.—J. K. Lee, M. D., '51, Philadelphia, Pa.; Samuel Starr, M. D., '69, Chester, Pa.; Jos. C. Guernsey, M. D., '73, Philadelphia, Pa.

These nominations were ratified unan-

imously by the Association, after which those present adjourned to Alumni Hall, where a reception was tendered the graduating class.

The following visiting members were present:

J. F. Cooper, '53, Allegheny City, Pa.  
L. B. Hawley, '53, Phoenixville, Pa.  
J. S. Musgrave, '53, Swedesboro, N. J.  
J. W. Dowling, '57, New York City.  
Thomas Shearer, '58, Baltimore. Md.  
R. P. Mercer, '61, Chester, Pa.  
J. C. Budlong, '63, Providence, R. I.  
J. G. Sheets, '66, Bridgeton, N. J.  
L. H. Willard, '66, Allegheny City, Pa.  
J. H. McClelland, '67, Pittsburg, Pa.  
Samuel Starr, '69, Chester, Pa.  
Henry M. Lewis, '70, Brooklyn, N. Y.  
C. W. Perkins, '70, Chester, Pa.  
Trimble Pratt, '70, Media, Pa.  
C. H. Lawton, '71, Wilmington, Del.  
T. R. Waugh, '72, St. Albans, Vt.  
E. M. Howard, '77, Camden, N. J.  
F. L. Preston, '78, Chester, Pa.  
L. B. Swarmstedt, '77, Washington, D. C.

Isaac Crowther, '80, Chester, Pa.  
L. W. Reading, '80, Hatboro, Pa.  
Wm. R. King, '81, Washington, D. C.  
A. E. Frantz, '82, Wilmington, Del.  
W. P. Weaver, '83, Bristol, Pa.  
Jos. DeB. Abbott, '87, Bristol, Pa.  
M. R. Allen, '87, Norfolk, Va.  
Chas. N. Benedict, '87, Sedan, Kan.  
Geo. H. Haas, '87, Lyon's Valley, Pa.  
H. F. Heilner, '87, Shamokin, Pa.  
Edward A. Krusen, '87, Richboro, Pa.  
O. W. Lane, '87, Barre, Vt.  
Horace Lindsley, '87, Salt Lake City, Utah.

W. F. Minard, '87, Burlington, Vt.  
Wm. R. Powell, '87, Port Kennedy, Pa.

C. M. Selfridge, '87, Oakland, Cal.  
W. W. Speakman, '87, West Chester, Pa.

Wm. S. Taylor, '87, Asbury Park, N. J.

THE WOMEN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA. RESIGNATION OF EIGHT MEMBERS OF ITS MEDICAL STAFF. It may not be known to all our readers that there is in Philadelphia an organization known as "The Women's Homœopathic Association of Pennsylvania," formed for the purpose of establishing and maintaining a homœopathic maternity but afterward modified to include also a general hospital and a dis-

pensary. The institution has come into possession of a considerable sum of money, and its buildings are located at Twentieth street and Susquehanna avenue, in the extreme northwestern portion of the city. It is managed by an executive board composed exclusively of women, which board, it appears makes all rules—medical and sanitary rules included—for its government. Its medical staff comprised, until recently, nearly all the reputable lady physicians practicing homœopathy in Philadelphia, and, as we are informed, some twenty physicians of the sterner sex. This staff supplies for the Maternity, Hospital and Dispensary such professional services as may be needed for the welfare of the patients, *provided* their prescriptions be approved by the executive board of lay women.

At the March meeting of the Philadelphia County Society, a member of the Society stated that there exists in Philadelphia a hospital in whose wards alcoholic liquors are prohibited, and appealed to Dr. Harriet J. Sartain, a member of the Women's Hospital staff, to sustain his statement. Dr. Sartain could not furnish the required endorsement. An account of the matter reached a member of the executive board, and a somewhat curt letter was sent to the doctor, calling her attention to certain "rules" that had been adopted by the executive board governing prescriptions to be made in the dispensary and hospital. An examination of the last annual report of the institution, then but recently issued, disclosed the fact that there had been a recent change in the "rules" of which Dr. Sartain had not before been informed. Originally the regulation had prohibited the use of tobacco and alcoholic liquors "in the dispensary." But prior to the issue of the last annual report, this rule had been modified by adding the words "nor in any department of the hospital." The rules had also been "amended" so as to restrict even the homœopathic prescriptions to "potentized medicines," and this rule has been interpreted practically by the executive board as excluding "crude drugs" and "mother tinctures." In consequence of these circumstances, the following communication was sent to the executive board:

"The Executive Board of the Women's Homœopathic Association of Penn-

sylvania (none of whom are members of the medical profession) having in numerous ways, and on various occasions, assumed to direct what remedies and potencies shall, and what shall not, be prescribed and used by the Medical and Surgical Staff of the hospital and dispensary, and such action being contrary to all good custom, a violation of the proprieties, and an intrenchment upon the province of the medical profession, the undersigned homœopathic physicians, maintaining severally and jointly their unequivocal adherence to the homœopathic law and practice, and fully agreeing with Dr. Lippe, that 'the whole scale, from the crude natural substances up to the higher and highest infinitesimals, should be open to the choice and the practice of every sensible and candid person,' and being alone responsible before the law for the medical treatment of their patients, and deeming such unwarranted interference by the Board an infringement on the liberty of individual professional judgment and action, and an assumption of authority in direct violation of Article I of the Rules and Regulations—to the effect that "the Medical Board shall have control over the medical and surgical treatment of all patients in the hospital"—therefore we present herewith our resignations as members of the Medical and Surgical staff of the Hospital, to take effect at once.

"Signed,

"HARRIET J. SARTAIN,  
 "HARRIET S. FRENCH,  
 "JOSEPHINE VAN DEUSEN,  
 "ELIZA F. PETTINGILL,  
 "MARY BRANSON,  
 "ELIZA H. L. MCCLURE,  
 "ANNA M. MARSHALL,  
 "LORA C. JACKSON."

At a subsequent meeting of the Executive Board the above resignations were accepted. On April 26th, the following self-explanatory communication on the subject appeared in the columns of the *Ledger*:

"This institution was founded by lay women, whose object it was to test the cure of disease on purely homœopathic principles, where no crude drugs should be used, and where men and women physicians should have equal advantages. For this purpose a charter was granted. The Executive Board of the hospital is a lay Board, and it is respon-



sible for its management. The medical rules governing the hospital were made by the Board, under the advice of the most experienced physicians on the consulting staff, among whom were the late lamented Henry N. Guernsey, M. D., and Rufus Sargent, M. D., and later there have been added to the staff authorities whose names are of world-wide reputation, by whose advice rules were framed which have been prolific of beneficent results to our patients.

"In view of a hospital that should be truly homœopathic, it was important that laws be made to prevent the introduction of crude drugs. This was done. Mother tinctures, being crude drugs, come under the rules, so that only potentized remedies are allowed. When the rules were violated, and crude drugs, cathartics and unproven drugs were ordered in the hospital, courteous letters were written to the physicians deviating from the rules. Very early in its work it was discovered that irregular methods began to creep in. These were met by remonstrance and protest. We, the Executive Board, state that in no single instance has the remedy or the potency of the remedy been interfered with.

"In the spring of 1884 conference was held between the Executive Board and the staff of physicians, and views on both sides were fully expressed, after which a resolution was made, to the effect that practice in the hospital should be carried out on purely homœopathic principles, and that no crude drugs should be used. It then became the duty of the Board to see that the rules should be faithfully observed. All physicians taking positions on the staff had opportunity of knowing the rules by which they must be controlled. No alcoholic liquors are allowed in the hospital: pure alcohol, which is necessary in the potentizing of drugs, is allowed, and may be used in water in case of collapse.

"In regard to disinfectants, we would state that the measures used for the sanitary management of the hospital have been adopted from instructions prepared for the National Board of Health and used by the New York State Board of Health. The disinfectants used in the hospital are: Roll sulphur, for fumigation; sulphate of iron, for soil, sewers, etc.; sulphate of zinc and common salt, for clothing, bed linen, etc.; also Platt's chloride and bichloride of

mercury. We do not use carbolic acid for reasons stated by the best authorities, and adopted by the National Board of Health, viz: 'That carbolic acid in oil or alcohol has no value whatever as a disinfectant, and in water must be present to the amount of five per cent., and must be allowed to act for at least forty-eight hours to ensure the full effect; and that it is liable by its strong odor to give a false sense of security.' Also that the drug effects produced by its odor upon the patient makes it impossible to note the action of remedies given.

"In the surgical department all necessary mechanical appliances are provided, also such homœopathic tinctures as are prepared for external application, and recommended by the most experienced surgeons upon the staff.

"As to the principles upon which this hospital was founded, we decline all controversy, as we considered them settled. The homœopathic law of cure is so certain, if intelligently followed, that experiments are unknown in a hospital carried on under that law.

"MARY W. COGGINS, Pres't.

"FANNY L. SKINNER, Sec'y.

"For the Executive Board."

We, the undersigned, homœopathic physicians of Philadelphia, occupying positions upon the staff of the hospitals of the Women's Homœopathic Association of Pennsylvania, under their charter and rules, do hereby certify that, at no time during our service have our potencies or prescriptions been interfered with by the Executive Board.

J. W. Thatcher, M. D., Duncan Macfarlan, M. D., Charles H. Conover, M. D., C. Carleton Smith, M. D., C. S. Schwenk, M. D., Ad. Fellger, M. D., George H. Clark, M. D., Ad. Lippe, M. D., Malcolm Macfarlan, M. D., Walter M. James, M. D., Howard Powel, M. D., C. G. Raue, M. D., C. M. Brooks, M. D.

In order that our readers might be informed upon all sides of this matter, we made careful inquiry and learned that the men's department of the hospital is not yet in operation, and that in consequence of this fact, at least ninety per cent. of all the prescriptions in the hospital and dispensary have been made by the lady physicians. We also learned that of the thirteen physicians who declared that their prescriptions

have not been interfered with, four are not members of the visiting staff at all, but are on the list of consultants. This fact has special significance in view of the statement made by the executive board that the rules were made "under the advice of the most experienced physicians on the consultation staff." It is not much wonder that these gentlemen's prescriptions were "not interfered with" by rules of their own devising. The board's own statement contains a tacit admission that the *working* members of the medical staff, those who were compelled to bear about all the responsibility, had no voice in the adoption of the medical rules. The resignations include all the lady members of the visiting staff except one who had been for some time out of the city.

The physicians claim that the statement published "for the executive board," seriously misrepresents them, by implying that they were in the habit of resorting to crude drugs, cathartics and unproved drugs, that they frequently prescribed alcoholic liquors, and that they employed carbolic acid as a disinfectant. None of these charges, they insist, can find any justification in facts. They were not in the habit of administering drugs in their "crude" form nor even in "mother tinctures." Three of their number are what are called "hypotency prescribers." Several of them are rigid temperance women [one of them is a distinguished worker in the Women's Christian Temperance Union—Ed. H. M.]. The only occasion in which they had resorted to cathartics were when castor oil was administered prior to operations for perineal lacerations—a precaution insisted on by all intelligent gynecologists of all schools. The "crude drugs" asked for, were powdered hydrastis as a local application in uterine catarrh, and a glycerine solution of carbolic acid—1 to 10,—for use in foul uterine ulcers. The subject of disinfectants, they say, has never been before the medical staff for consideration, and no one of its members to their knowledge has desired to make use of carbolic acid as a disinfectant in any instance.

One of the ladies alluded in rather forcible terms to a statement published in the May number of the *Homœopathic Physician*, page 179. The writer is one of the signers of the non-interference letter, and describes a case of "uterine

cancer in which the putrescent odor was so strong as to sicken the nurse and cause one of the lady managers to partially faint. He gave the indicated remedy, *silicea*, 2c., with the result of reducing the odor to an extent that surprised the managers, several of whom were witnesses of this excellent result of applying homœopathic methods." "Why," said the lady, after reading the account, "the doctor suspended sheets, wet with Platt's chlorides, in the patient's room, and fairly saturated the apartment with its vapors. *That's* how he 'reduced the odor' and 'surprised the managers' with *silicea*."

The physicians declare that there has been a series of attempts to interfere with the physician's duties by members of the Executive Board for a long period, and the efficiency of the medical service in some instances seriously impaired thereby. This declaration is corroborated by rumors to the same effect that have been current among members of the medical profession in this city ever since the hospital was opened for the reception of patients. These rumors and the statements of the physicians themselves, all of whom stand very high in public and professional estimation, have secured for them the formal endorsement of the County Society and the support of nearly the entire profession.

ROBERT FAULKNER, M. D., of Erie, Pa., died at his home, April 1st, 1887, of apoplexy, aged sixty-one years. He was born in Erie county in 1826, studied medicine under the preceptorship of his father, P. Faulkner, M. D., and graduated at Starling Medical College, Columbus, Ohio, in the spring of 1848. He began practice as an allopathist, but in a year or two both his father and himself became converts to the new doctrine and mode of healing. He afterward attended a course of lectures in the New York Homœopathic Medical College, and in the spring of 1867 received the degree of that institution. His success, both as a physician and a surgeon, has made him the leading homœopathist of his section.

Dr. Faulkner was a member of the State Society from its organization, and was widely known as the author of the "Physician's Visiting-List and Pocket Repertory."



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.


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 The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

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### THE PHYSICIAN AS A REFORMER.

BY WM. H. BIGLER, M. D., PHILADELPHIA, PA.

(Annual Presidential Address before the Philadelphia County Homœopathic Medical Society,  
Delivered May 12, 1887.)

Leaving out of sight altogether the question whether we are the ennobled descendants of protoplasmic slime, or the degenerate offspring of a pure and perfect pair,—whether this fair earth we inhabit, is the evolved result of myriads of years of nature's struggling desire to perfect herself, or the still glorious remains of a once yet more glorious Paradise, I think it will be acknowledged by all that the present state of mankind and of the world cannot be regarded as a final perfected one. There must be some condition of both, more in accordance with all rational conceptions of perfection—the ultimate goal of all effort in nature and in man,—whether this striving be received as an evolution towards perfection, or as the effort to regain a lost condition, matters not here.

Not to mention the signs of imperfection in the earth about us, imperfections that it is man's duty to seek to remedy, as the arid plains, the barren mountains, the destructive coasts, etc.,—let us examine a little more in detail some of the imperfections in man himself, in his threefold nature—physical, intellectual and moral.

We find his physical nature at its best but little capable of resisting

adverse conditions from without—liable to fluctuations in well-being that interfere materially with his progress in improvement. On all sides we see weakness and disease, allowed wantonly to propagate themselves, each after its kind—increasing with fearful rapidity the number of obstacles in the way of the perfection of the race. We find society called upon yearly to contribute its millions of dollars to the support of hospitals where the worse than useless offspring of worse than useless parents are *compelled*, contrary to nature's inexorable laws when left to herself, to drag out a useless and unhappy existence for a few short years.

We find laws of propriety, conventionality and fashion presenting entirely different modes of physical education for the sexes, making the strong stronger and the weak weaker, widening the difference between them and intensifying the errors of development which are themselves the results of perverted natural instincts. Man's physical nature is sought to be cultivated and developed by his dress, mode of life, liberty of action and even by a lenient code of morals, while woman's is curbed, repressed and thereby perverted. While her more favored brother is receiving his strength and building up his body by healthy hearty exercise, the girl in her intervals of study is allowed demurely to saunter around the playground, restrained by the fear of being a hoyden, from taking the exercise to which her animal spirits prompt. Her sex, her dress, "the proprieties," all forbid the romp that would help develope her body and fit her for any lot in life that might await her. As a consequence of these restrictions we find so many women physically incapable of battling for themselves through life, and ready therefore to join themselves to any one who will relieve them of the burden of self-support. They must become mothers of offspring, whose only legacy is one of weakness and incapacity, and their influence is thus felt for harm through long generations.

By the present constitution of society and its code of morals, we find myriads of human beings passing a miserable one-sided existence, seeking by over, and consequently faulty development of the mental and moral, to suppress the demands of the physical sides of their natures. All moralizing to the contrary, such natures must be regarded as imperfect. This does not in all cases, nor even in the majority, remain a negative imperfection, where the unhappy possessors are the only sufferers, but the numerous religious and moral fanatics whose deeds of violence have sullied the pages of history, and occasionally startle readers of the present day, are but the natural product of this violence done to nature's laws.



An examination of the view that would make our bodies enemies to our advancement ; enemies to be overcome and crushed by all means at our command ; enemies whose negative defeat in death should be regarded as a boon to the rest of our nature ; will show it to have been the direct result of a natural reaction against the licentiousness of an age where the unduly developed physical organization of man had been accorded a position not intended for it in the ideal normal harmony of his threefold nature. A view natural and necessary *then*, is neither the one nor the other *now*.

From the use of the expression "threefold nature," let me not be understood as regarding the mental and moral as two distinct somethings, superimposed as it were upon man's physical nature. The terms have reference rather to the objects to which the mind of man is directed, acting through his physical brain, than to any distinct faculties or modes of action. The mind of man directed to the consideration of abstract questions or reasoning, based either directly or indirectly upon conceptions arrived at by impressions made upon his senses, is said mostly to employ his intellectual faculties, while the same mind acting in the *same way*, though perhaps through different nerve centres, upon another class of subjects—in general, conceptions of right and wrong—is said to employ his moral faculty. We might say that these last subjects of intellection are derived mediately through the intellect from sensory impressions. I would wish also to be distinctly understood as regarding the mind of man as something *more* than the result of molecular changes in the brain, as more than a *non-entity*. The view that, apart from its instrument the brain, the mind has no independent existence, seems so thoroughly to contradict the testimony of our own consciousness, and the fact of personal identity, that it should require no refutation, certainly not for those who are willing to acknowledge *other* possible sources of knowledge than our at present known five senses. With this explanation let us examine in what the mental and moral status of man is imperfect and in need of reformation. With a full recognition of the fact that although an entity, the mind, in the present stage of existence, has no other means of manifesting its activity than through its physical instrument, the absolute truth of the hackneyed *mens sana in corpore sano* acquires a terrible significance. Where do we find the healthy body and consequently where the sound mind ?

But few comparatively can claim a perfectly sound physical organization, and consequently but few are in a condition to exercise their mentality in a perfectly correct manner, and but few can have moral

concepts entirely in harmony with the ideal right. We all recognize the effects of transient conditions of bodily ill-health on the complexion of our thoughts; given then not a transient, but a congenital permanent state of ill-health, an ill-developed brain, or even a faultily nourished one, and what must be the result upon the mentality and morality of its possessor? Look at our prisons, full and overflowing with so-called criminals; our insane asylums, crowded with lunatics and obliged to refuse applicants; read the records of crime that fill the pages of our daily newspapers, and say whether there is not much need of reformation. If we examine closely, we will wonder not, that there is so much crime, but that there is so little, and instead of denouncing the criminals, will condemn society, and pity the offenders. Think how millions of our fellow mortals are handicapped in the race of life. Born of weak or diseased, or criminal parents, placed by their unpropitious fate in an environment calculated not to destroy, but to foster the congenital tendency to misdirection of what energy they possess, they are virtually powerless to resist the current of circumstances that is sweeping them on to crime. They should be objects of our deepest pity, and not detestation. We the more favored ones can form no conception of the condition of such poor mortals. Virtue untried can claim no merit. Many a thief has shown more real virtue in his unsuccessful effort to resist temptation, than has the untempted judge, who sentences him. With the two awful laws of Heredity and Environment, how shall stand be made against the constantly increasing degeneracy?

Reformation of some kind is necessary, but it must be a reformation capable of dealing with the ultimate root of the evil; no superficial treatment can be of avail. The root of all evil lies in the unsound physical organization of man, the appointed means by which man's Ego enters into communication with its surroundings. In the physical nature of man, therefore, as at present constituted, we maintain lies the cause of all so-called sin and consequent diseases and misfortunes. The tendency of any departure from an ideal normal condition is to cause a *misdirection* of energy,—or rather more closely defined,—the *exertion of an energy not suited to, not in harmony with* the existing conditions. This constitutes an error, a fault, an immorality, a sin. But according to the law of the persistence of force, and the law that force is manifested in the direction of least resistance, we have these errors, etc., either checked or fostered by the environment. If we would benefit mankind, these two, heredity and environment then, must be regarded as the main factors in the problem to be solved.



He therefore who would be a reformer must recognize this as the basis of his efforts and in order to attain the highest usefulness must be in a position to know the evil and to be able to direct his efforts to its prevention and not only to its cure. What class of men can be better qualified by their profession to answer these requirements, than the physicians?

By physician I do not mean a commercial prescriber of medicines—one who estimates his results by their effect on his bank account—who values his services according to what they will bring—who regards his profession as a business a little higher socially than a mechanical trade, or the public only as his customers. To such an one the subjects above referred to are a sealed book, of which he sees the cover and binding only, the contents of which, however, remain unknown and of no interest to him. The physician who is qualified to be a reformer, better qualified than any other man, is one who has, I will not say *adopted* his calling, but has remained in it with a full appreciation of what it may, and ought to include. Few, if any, in taking up this profession have any conception of its highest duties and responsibilities. They adopt it as they would any other,—it is less objectionable than others,—their way to speedy advancement seems easier here than elsewhere,—or they have a particular taste for one or the other of the studies or pursuits which to their mind represents the study of medicine. It can hardly be otherwise, for the majority enter the profession at an age when their views of life in general, and its duties are extremely vague and immature. But a time comes to every one, but the obtuse and the dullard, when his eyes are opened and he sees the immense power of good and evil that is put within his reach. He becomes for a time to himself something more than a mere tradesman,—trading it is true in health and life,—but trading none the less for bare gain—for “filthy lucre.” If now when he awakens to a true sense of his responsibilities he still continues to practice his calling, he can do so only under one of two conditions; either he will quiet his conscience and say, Who hath made me my brother’s keeper?, or will assume his burden of responsibility, with a full realization of its weight and his own insufficiency, but with a determination to work while the power is in him, in all ways as a true physician to body and mind; to seek to lessen the misery about him, and to prevent all avoidable causes of disease, sin and distress; and to fight the wrong wherever he finds it, whether under the garb of an effete morality or in the guise of liberal thought.

Who so well as he can realize the misery in the world and its in-

variable connection with wrong living either in the present or the past? Who so able and willing to recognize the physical basis of wrong actions and while condemning the sin to pity the sinner? Who so well qualified as he to have sympathy with suffering of body and of mind and to hold out a helping hand when and where it is most needed? What he says will be heeded; his words will have weight as coming with authority from one who is supposed to know the force of all temptations, and who has no motive in giving his advice but the desire to benefit. The clergyman, be he ever so lenient and gentle, comes always with a message from above, from an ultra-human source. He is viewed with suspicion by most; by some is supposed, in virtue of his office, to be removed far above temptation and therefore above sympathy with the tempted and fallen; by others is regarded as an hireling, paid to talk as he does, and no better than others. It is rare except *in extremis* that he is allowed to look as deeply into the hearts of his fellowmen as is the sympathetic physician. He is shown into the parlor—the latter into the living-room of man's nature. To the physician whose observant eye has learned to see the misery about him wherever existing, comes the knowledge of his opportunities to relieve, as a welcome easement to the infinite sadness that must fill his soul.

The task of attempting to relieve seems so infinitely beyond all hope of accomplishment that one may well stand appalled! Where to begin, and how to go on!

We will, in closing, point out the direction in which the physician may best put forth his efforts, so as to strike at the root of the evil, and help to lay the foundation of a new era. Before doing so, let me say, that I fear some things offered may offend the feelings and views of many here present. I simply claim for myself a dispassionate hearing and a calm consideration for my suggestions. I would prove derelict to a duty that I feel imposed upon me by the opportunity this occasion affords, did I fail to give voice to thoughts that have long been striving for utterance. As we have pointed out above, all the sin and misery in the world can be traced to the influence of heredity and environment. This is clearly recognized in the system of Christian ethics as found in the Bible, but in its efforts to ameliorate the condition of the race, the true and deepest import of these influences has failed to be recognized by its exponents, and not a tithe of the possibilities lying within its reach have been realized. It has laid too much stress upon an ultra-natural source of evil, misled by figurative language, intended for and thoroughly adapted to the eastern primitive



mind of the race. In consequence of this, and in spite of the plain utterances of the New Testament, the idea of evil coming from without as an external temptation, and only finding in the hereditarily acquired imperfect nature given, a fertile soil for its growth, has dominated the effort of Christian reform, in so many cases irrational and abortive. The physician has daily, yea, hourly examples of the terrible meaning of the law of heredity. He sees the sins of the fathers visited on the children to the third and fourth generation; he recognizes the unending chain of effects, the links of which are being forged unthinkingly to bind future generations in the same, if not worse bondage and misery.

Nature cares nothing for the individual, the race is the only object of her solicitude. Her laws are not to be broken, and in punishing disobedience to them, she is implacable: no repentance avails here to ward off the consequences of transgression. But the science of humanity steps in with pity for the individual, and seeks to save him and enable him, by applying the same inflexible laws of nature to his conduct, to modify the effects of inheritance, for which he is in no way responsible, and to assist him in attaining perfection physically and mentally.

Let the physician, therefore, fearlessly and with pure mind set himself first to improve the physical organization of the individual as a necessary prerequisite to the improvement of his *condition* and to the betterment of the race.

The knowledge of the physician and the intimate relations into which he may enter in the families of his patients, give him an opportunity afforded none other of beginning his reformation at the earliest possible period. He can inculcate on all occasions the advisability of only the healthy, looking forward to marriage; he can point out the qualities of mind and body that would be most congenial and suitable to be united. Fortunately or unfortunately, (it is difficult to say which,) he can never interfere after the affections have spoken; what are thought to be the promptings of unselfish, unphysical love, are not amenable to ordinary reasoning, and his efforts must be confined to prophylaxis.

Let him urge the public in season and out of season to exercise some of the same care in raising human beings with immortal souls, as they do in breeding the dumb brutes, whose souls return to the earth. Let not children be regarded as accidents, happening unfortunately in the best regulated families.

Let the married be taught that the belief, held generally by hus-

bands and mothers-in-law, that the Lord sends all the children, no matter how fast they come, no matter how weak the mothers, or how sickly the offspring, and that therefore, they must be received with thanksgiving, is a misapplication of a comforting truth, and that by thus blindly shifting the responsibilities of their own deeds, they are violating the laws of nature, and laying the foundation of unimaginable evils in the future. Let them be taught that a limitation of the number of children often becomes a duty that they owe to themselves and to the community.

It is impossible to overestimate the importance of guarding the prospective mother against all harmful influences during the period of gestation, and of surrounding her with everything that may conduce to harmonize the elements of her own nature that she may be enabled to produce what is harmonious in itself, *i. e.*, sound in mind, and beautiful in form.

When we see the lot of many of the poor women of our time, their hardships, their struggles with poverty perhaps, or what is still worse, unhappiness, can we wonder that their offspring should prove out of harmony with their surroundings and their bodies weak and sickly?

The highest duty of the physician is to prevent this result. It is certainly a higher, far nobler aim to strive to see that healthy human beings are brought into the world, than that sickly ones should be kept alive there. While we may, and do maintain that it were far better for the world were the weak and sickly to die before they had absorbed of the energy so much needed for the healthy living, we must be content to let them do so, while we work against the cause that renders such things necessary.

An amelioration of the condition of the working women is just as imperative as an improvement of the condition of their husbands and brothers. It is no maudlin sentimentality that contrasts the 16 or 17 hours of household drudgery of the working man's wife, with the constantly decreasing number of his own day's labor. Much can be done here by the physician by seeking to awaken a sympathy for the woman in the unthinking man, that may arouse in him a desire to relieve her of some of her labors, and to lighten the rest by consideration shown. Advice, put upon the basis of physical necessity, will be more apt to be heeded than when advanced on moral ground.

As to the education of children, the thinking physician must long ago have revolted against the conventional restraint placed upon the physical development of girls. He has no doubt been tempted to ask with Spencer, "Why the astonishing difference between the training



of boys and girls? Is it that the constitution of a girl differs so entirely from that of a boy, as not to need these active exercises? Is it that a girl has none of the promptings to vociferous play by which boys are impelled? Or, is it that while in boys these promptings are to be regarded as securing that bodily activity, without which there cannot be adequate development, to their sisters nature has given them for no purpose whatever, unless it be for the vexation of school mistresses? \* \* \* For girls, as well as boys, the sportive activities to which the instincts impel, are essential to bodily welfare. Whoever forbids them, forbids the divinely appointed means to physical development." Sex should not be recognized here, the individual ability and needs alone should be taken into consideration, and any suggested change in dress rendered necessary, should be dispassionately examined and judged.

In the education of the young at the present time the "cramming" system still prevails, and it is the many, not the much, that is sought to be given to the young. A multiplicity of studies now serves to give our youth a superficial acquaintance with many branches of learning, acquired by an unnatural and unhealthy demand upon their nervous energy, and to be forgotten as soon as the necessity for their retention is removed. The reformer should protest against such a system, and protect the rising generation against its pernicious results. The laws forbid by special enactment a forcing of the bodily powers of the young by limiting the number of hours of manual labor that may be demanded of them, but it says nothing, or rather seems through its legally constituted educational boards to countenance and encourage a much more disastrous lengthening of effort on the part of the immature mental powers. The suicides of children that have occurred in late years can be traced, in a measure, to the forced and premature development of the brain due to the present system of education. The physician should endeavor to have the attendance at school begin at a later age, to have the hours of continuous mental effort shortened; to decrease the number of studies pursued at the same time and to introduce an election of studies according to the bent of mind of the individual scholar. Our common school system is unfortunately *obliged* to deal with masses, and certain evils to the individual are unavoidable; but if a popular sentiment can be aroused against brain forcing, and in favor of employing as teachers only the best talent, by paying liberal salaries, the rights of nature and of the individual will gradually come to be recognized, to the physical, moral and intellectual advantage of future generations.

With this question comes up also the one of co-education. The experiments made in this direction, notably in the West, have thus far seemed to work to the best interests of all concerned. Aside from the incentive and stimulus to good work universally recognized as due to it, it does away with the air of mystery that seems to envelope each sex in the eyes of the other. There are no longer any divinities on either side, but only more or less bright comrades, and each individual acquires a higher and better standard by which to estimate the others. In no case where the experiment has been tried has it been found necessary to lower the standard of education to accommodate the so-called weaker sex.

The question of co-education in medicine is of course of special interest to the medical profession, but should be decided we think, according to exactly the same principles that govern the whole question of co-education. In regard to this question, as well as the choice of a profession, the physician is in a position to judge understandingly and rationally, with due and *sole* regard to the *individual*, irrespective of sex. As we have male dressmakers, why *may* we not have female lawyers, doctors etc., etc.? *Let the occupation depend upon the tastes and capabilities of the individual and not upon the chance of sex, or any traditional notions of sexual fitness or propriety.* This requires that *all* doors shall be opened to women, and although we may not deem it advisable that they should enter all, we cannot deny their *natural* right to do so should their nature seem to demand it. The assertion that woman by devoting herself to higher education thereby unsexes herself, and becomes unfitted to be the mother of healthy, or even of any, offspring, has by no means been conclusively proven, and the principle of elective studies, if carried out consistently throughout the education of both sexes, will harmonize most nearly with the natural law of selection, and will certainly result in the survival of the fittest in the various walks of life.

But the subject in which alone most physicians are content to be interested is the subject of Hygiene. That this is worthy of such interest from our present point of view, as tending to modify the *environment*, all must acknowledge. In this direction the reformer may hope even within the short space of his own life, to see direct results of his efforts.

Of all the subjects embraced under the term Hygiene, none seems to me of more importance than the care of the homes of the people. These are the real sources of happiness, the best safeguards against temptation and wrong living. Let the homes be cheerful, healthy and happy, and we not only aid in eradicating unhealthy hereditary tenden-



cies in the living, but prepare an environment for unborn generations that shall conduce to their proper development and healthy birth. Many other subjects of Hygiene are of importance to the physician as reformer but we have not the time to do more than simply name two of the most important, viz: the use and abuse of alcoholic liquors, and the use and abuse of a day of recreation for the masses. The physician should endeavor to bring to a consideration of these, as well as of all other subjects, a mind thoroughly disabused of any preconceived notions, and willing to judge of them solely on their merits, as conducive or not to the physical well-being of mankind.

Before closing I would wish to emphasize one point where I think the physician has a particularly responsible duty to perform, and that is to seek to establish the principle that *in morality there is no sex*. For man, a lenient code of morals has been handed down from barbarous times, when "increase and multiply" was the easily understood command coming from nature's uninhabited wastes, and the public is inclined to grant him the privilege of sowing his "wild oats," and his wife and children the privilege of reaping them. From many physicians, alas, has gone out the idea that continence and chastity are not to be expected, nor indeed to be desired on the part of a young man. If not from him, then, say I, neither from a young woman. The physician knows that *individuals* differ regardless of sex. Let there be then but one law for both, and let the physician be the one to point out the terrible incongruities of our present code of morals and their disastrous effects upon the health and happiness, and consequently *morals* of the race.

These then are some of the directions in which the physician is called to work as a reformer; seeking to banish sin, and its consequences by attacking it at the root, by laboring to better the physical condition of the race, and to make their bodies healthy that their mental and moral activities may be harmonious.

In the *Medical Record*, of the 7th inst. is recorded an experiment made in the State Reformatory at Elmira, to determine the value, if any, of physical culture in stimulating the mental faculties. Under a special dietary, frequent bathing followed by passive exercise, kneading the muscles, rubbing and a manual drill and calisthenics, the average marking in school work of the 12 men selected, rose during the 5 months from 45.25 out of a possible 100, to 74.16. If this can result from so short an experiment, what may we not hope for from a continued effort on the part of reformers to correct the errors of heredity and environment?

Such and similar thoughts might well form the subject of some of the papers and discussions brought before this Society and would, we think, create more interest in its proceedings than at present exists. We must acknowledge that, after a short period of exceptional prosperity and activity, the Philadelphia County Society has again lapsed from grace, and is in a dangerous state of lethargic quiescence. There seems to be a lamentable lack of interest on the part of the profession in its welfare. This is of course reprehensible, but are the physicians to blame? The time of the physician is valuable as well for rest and study, as for his professional duties, and he cannot be expected to surrender any of it except for an equivalent. If the Society cannot offer him, therefore, advantages at least equal, if not superior to those to be obtained by remaining away and devoting the time to some other employment—he cannot be blamed for non-attendance.

Let the Society on entering upon this new year of its existence, determine to compel the attendance of its members by the attractions offered. But how to obtain these attractions?

We would counsel a careful reconsideration, by a committee to be appointed by the Society, of the present system of supplying papers through the Committee on Essays and Debates—to find whether it has or has not been an improvement on the previous Bureau system. We would urge the presentation of papers bearing particularly upon homœopathic therapeutics, prepared, however, with all the care and regard for scientific accuracy that can be demanded by the most critical.

Further let the “conversational meetings,” every other month be more social in their character, but let ample provision always be made to furnish an intellectual feast that may repay those who attend.

Finally let each one fulfil every promise he may make to contribute to the interest of our meetings, and let us each blame not his neighbor, but *himself* for the languishing condition of our Society, and determine to do better in the future.

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#### OUR RESPONSIBILITIES AS HOMŒOPATHISTS.

By JOHN L. MOFFATT, M. D., BROOKLYN, N. Y.

(The Annual Presidential Address before the King's Co., N. Y., Homœopathic Medical Society, Delivered May 10, 1887).

Man has been aptly, though tritely, termed a microcosm; and neither woman nor the physician is exempt from all that this implies. Every one of us is the centre to his or her environment, but also forms part of numerous other circles with various centres to each of which he or she owes certain responsibilities.



The thirtieth anniversary of this Society seems a fit occasion for the consideration of "Our Responsibilities as Homœopathists." Can we not learn from the past a lesson for the present and the future?

The intolerance of the old school obliged homœopathic physicians to establish distinct societies, journals and colleges of their own in order that their system of medicine might be developed; hence the two schools must of necessity remain separate until the truth of *similia similibus curantur* is not only acknowledged but its discussion, study and development become practicable in old school circles.

From this it may be readily seen that our first duty as homœopathists is to cherish the legacy inherited from the pioneers who have made smooth our path (not our resting-place), and to hand it down to our successors improved by our efforts. The servant who hid his talent in a napkin was declared unfaithful, and was deprived of that which he had.

The cry is often heard: "One's first duty is to the patient who must not be left to suffer a moment unnecessarily, even under the pretext of the advancement of science." Very true. At the bedside we are first physicians or surgeons, and secondarily homœopathists; but in our societies and periodicals these relations must be reversed. As a physician, my first duty to my patient is to cure him as "speedily, gently and permanently" as possible. Am I, then, justified in administering morphine without stopping to ascertain a single fact except that he is in pain?

All knowledge of the world about me comes through the avenues of my senses by which alone I am enabled to ascertain the properties and qualities of matter; consequently, all that I can know of a disease is its symptoms—subjective, objective, physical, chemical and microscopical. To this end each of the special senses should be called into requisition aided by all means known to modern science; in fact, the only one that is not now utilized is that of taste.

To consider only the objective symptoms in making up "the totality" is as incomplete and unscientific as it would be to regard simply one or three of the leading indications. Exclusive reliance upon subjective symptoms is a great reproach to our *Materia Medica*, which it is the duty of the present generation to remedy.

Herculean as the task seems, the purification and systematization of our *Materia Medica* is not so difficult as was its creation, especially if we consider how favorable are our surroundings compared with the up-hill work of those who, single handed, had to face bitter opposition and obloquy while endeavoring to earn a living for themselves and recognition for the great truth they promulgated.

Organization and co-operation make all work comparatively easy ; and it cannot be too emphatically and frequently repeated that when we meet in our societies and periodicals it is pre-eminently as homœopaths, where our chief duty is the advancement of the system of therapeutics which unites us all in a common interest and belief. The whole world of homœopathy looks to this country for the accomplishment of something commensurate with our numbers and advantages. All this is anything but new ; and glittering generalities amount to no more than molten metal, unless moulded and hardened into concrete forms by earnest workers.

There is plenty of practical work at hand for each of us to do, and work that is much needed, but "Nothing great was ever achieved without enthusiasm." Our spur to action will vary—be it desire for fame, or emulation of our leaders who have already achieved so much—but underlying all must be a vivifying love for the cause, to ensure persistency and success.

The work of establishing and perfecting a *materia medica* must approach the common end from opposite sides by provings and by clinical verifications.

These should not be confounded. None but a master mind can give us, for our *materia medica*, symptoms observed in the sick after the administration of a remedy ; and who among us will lay claim to that distinction ? Such clinical observations should be separately recorded ; anywhere but in a pure *materia medica*.

Homœopathy is the science of therapeutics ; but in order to substantiate this claim we must establish our facts indubitably and arrange them clearly enough to be comprehended, as a pre-requisite to their application.

Our first task is the revision of the *materia medica*. Able scholars are striving to perfect from the materials at hand a model text-book that shall enable the average student to learn and remember the pathogenetic effects of our remedies. But the majority of our drugs require reproof on a sounder, more scientific basis with all the modern aids afforded by physical, chemical and microscopical examination. Each subjective symptom that can possibly be elucidated by such examination should be so followed up ; it will thus be properly comprehended and much more easily remembered.

Not less important are clinical verifications—if properly reported. Here is practicable work for every one of us ; and the soil is, comparatively speaking, almost virgin.

Of the vast amount of clinical literature in our school, probably



nine-tenths could be burnt without loss. Too much is simply copied from other journals, or compiled from text-books and periodicals. Of the original matter, comparatively few reports verify symptoms clearly, while their crying fault is that they merely assert, instead of demonstrating, that the cure was due to the remedy named.

Let each of us be our own most severe critic, and before publishing a clinical report be sure that it will withstand the criticism of the skeptic. Detail the history and symptoms so that the reader or hearer may make his own diagnosis. Carefully ascertain and state all circumstances, beside the administration of the remedy, that could possibly have exerted an influence on the case. If there was no change in the patient's life except the ingestion of the drug, state this fact clearly—but be sure of it. After giving the name, potency and repetition of the remedy report how soon mitigation set in and how permanently.

Do not report cures by alternation (in the modern, not the Hahnemannian signification of the term) unless it be to study the alternating, as compared with the single, remedy. Practice alternation as much or little as you choose but do not burden our literature and the time of its readers by comparatively useless matter.

One of the faults of this generation of Americans is omnivorous reading, which fritters the mind and impairs the memory.

"Knowledge dwells  
In heads replete with thoughts of other men,  
Wisdom in minds attentive to their own."

After a writer shall have established by means of such clinical reports as above indicated, a reputation for accuracy, wisdom and conservatism, his mere statement of symptoms that he has verified will be accepted as authoritative. But until one has earned such a reputation his verifications will be lacking in weight, unless each one be clearly demonstrated as attributable to the remedy indicated.

If we practice a scientific therapeutics our experiments (clinical applications) must be as carefully and exactly conducted and reported as are those in other branches of science, and our deductions therefrom must withstand the severest scrutiny. We must substantiate our claims by what we *know*, not by what we believe.

All honor to our distinguished guest\* who has had the courage to plant himself firmly upon this platform, even at the cost of much misunderstanding, and—I grieve to add—bitter feeling.

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\*Prof. F. F. Allen.

Another line of responsibility is that of brotherhood to our fellow homœopathists. In union is strength, and each of us should lend his or her support to our local and central societies, without which we could not have secured the numerous state institutions now under our control. If every homœopathic practitioner in the land would exert his influence through our organizations the struggle for governmental recognition which has lasted for so many years would be brought to a rapid and successful conclusion.

The best of our colleges and periodicals deserve our united support. Unfortunately, however, there has been, and still is, a tendency to overstock the market with these commodities, with the inevitable consequence of weakening the standard.

Every one of us can exert more or less influence to elevate the standard of medical education ; partly by helping to mould legislation, largely through our societies and journals, but principally by sending our medical students only to the best homœopathic colleges, and by carrying out the following resolution adopted by the American Institute of Homœopathy in 1870.

*“Resolved,* That each member of the American Institute will best subserve the interest of homœopathic medicine by using great care to avoid accepting any student of medicine into his office who does not, or can not, give evidence of possessing the preliminary education recommended in the report of the Committee on Education.”

Many evidently think, some openly say, that the victory is already won, and we have but to enjoy its fruits ; that homœopathy is firmly established, and does not require anything of us but to apply it in practice for the benefit of our immediate patients and of our pockets.

This is the voice of the sluggard whose soul is either asleep or insensible to the heroic struggles of our fathers in homœopathy, and to the glorious future before us if we prove not recreant to our trust.

“Lives of great men all remind us  
We can make our lives sublime.”

## APHORISMS ON THE METHODS OF PROVING THE EFFICACY OF DRUGS UPON ANIMALS.

BY CONRAD WESSELHOEFT, M. D., BOSTON, MASS.

### PREFACE.

These aphorisms were noted down as they occurred to the writer about five years ago. Their purport is to declare the necessity of establishing homœopathic practice upon a sound experimental basis instead of what is now little more than traditional lore.



The ideas embodied in these notes have also formed the groundwork of the principles of proving drugs for the last ten years, urged by the writer, who hopes that by the publication of these notes, a wider interest may be created in truly inductive methods of study by experimental research, for the purposes of which the less complex manifestations derived from the animal organisms, are more prolific of intelligible results than experiments upon man endowed with imagination.

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APHORISMS.

I.—Our present *Materia Medica* consists of “symptoms,” *i. e.* of actual or positive signs of morbid conditions and of various indefinite ambiguous expressions of sensations.

II.—Symptoms and sensations are not properly distinguished. This is what many consider as a cause for the correcting and “purifying” of the *Materia Medica*.

III.—The means of distinguishing actual positive signs (symptoms) from unessential, ambiguous sensations have not hitherto been defined as they should have been.

IV.—A symptom or manifestation of a proving or of natural disease is valueless unless it distinctly points to or admits of interpretation and classification as some definite form of disease (pathological condition).

V.—Unless it indicates some definite pathological state, such an expression elicited by proving is not an essential symptom, but only a sensation—a mental expression of unessential nature.

VI.—The great voluminousness of our *Materia Medica*, *e. g.* Allen's, bears testimony to this. The simple fact that all sensations elicited after proving, admit of arrangement under the various parts of the body, is no proof of the validity of such sensations or of their value as symptoms, notwithstanding the fact that their resemblance to each other seems to show their relation to the parts to which they are ascribed.

VII.—The human organism is the most difficult and uncertain subject for obtaining symptoms by ordinary means of proving. The ability to express sensations by language, more or less eloquent and capable of seemingly clear definitions of sensations, is the very element leading to misconception and misconstruction. The experimen-

tal test upon the human subject should form the final or "control-test," and be itself controlled.

VIII.—Symptoms obtained from mute subjects (animals) by observing them under the influence of a drug, and by comparison with mute subjects in health, would furnish fewer but more positive signs of effect (symptoms).

Animal provings are control-tests for proving on man.

IX.—Before testing any drug on the human subject, it should be tested on the lower animals.

The subjects should be tested in groups of their orders: mollusks, radiates, articulates; then vertebrates.

The larger the scale on which it is done, the better; but the means need not necessarily be complicated. Thus:

X.—Mollusks: clams, snails, oysters may be kept in natural conditions, "mud," water, etc. Radiates living in salt water can be easily kept in globes or tanks wherever an observer lives near the sea.

Insects (articulates) may be used, and the most common ones from the order grillidæ (grasshoppers), gymnoptera (common housefly), or any other order, family or species obtainable. These can easily be kept or fed in large glass vessels admitting air and food, and opportunities for observation.

The vertebrates furnish many classes which may be tested. Fishes and reptiles amphibia (frogs, turtles, &c.)

The warm blooded animals are numerous enough, but more difficult to obtain and to keep. Rabbits, cats, dogs, rats, mice, are all known, and frequently used as test-animals.

I would suggest chiefly the pig, as being omnivorous, prolific and obtainable.

XI.—In all experiments with animals of all kinds, it should be an invariable rule to have two sets of a kind, one to be experimented upon; while the other is left and observed in its normal healthy state.

XII.—In testing these animals another rule hitherto unobserved should not be neglected, viz: in order to observe closely the lower orders under the influence of some drug, get many observations, and compare them with as many observations of successive higher orders.

XIII.—This will roughly sketch and indicate the effect of some pathogenetic agent, and will furnish perhaps few but very reliable data concerning its positive and essential effects (pathogenesis).



XIV.—The methods of obtaining such effects should consist in exposing the various individuals (representing the great orders) to the effects of pathogenetic substances.

XV.—This may be done

- 1, by exposing the subject to the fumes of a substance (under cover);
- 2, by exhibition in food and drink;
- 3, by direct introduction into the stomach, or under the skin, etc.;
- 4, by dissolving in, or otherwise introducing the pathogenetic substance into the medium inhabited by the subject e. g. the water, air, or earth, in which it lives (always comparing the test subjects with healthy control-subjects, without which observations would be useless).

The quantity introduced depends on the degree of effect sought for.

XVI.—Though it is not the object to kill animals—the “lethal dose” should always be first determined for every order or group of test subjects.

Our main object should be to produce an artificial disease carried to the extreme height at which the subject *is able to recover*; watching carefully the natural rise, acme and decline; all of which can only be done by doses short of “lethal,” i. e. fatal, which must previously be determined if not already known.

XVII.—In order to produce an artificial disease (gradually rising and then declining) the dose which will produce this degree will have also to be determined by experiment.

It may be regarded as certain that a single dose, large in proportion to the resistance of the subject, will produce a rapid effect ending in death or recovery.

A different result can undoubtedly be obtained by gradually increased and repeated “insults,” or effects of a substance upon a subject.

XVIII.—We should have results obtained by single “insults” of single doses, as well as by repeated doses of different sizes, and also by graduated doses.

XIX.—Numerous observations of a like kind, and on like subjects, should be made (in the presence of control-subjects), and the observations, negative as well as positive, recorded in writing at each observation, noting time and every condition (e. g. temperature of room, etc.) under which it occurred.

XX.—Supposing it were possible to carry out by time and patience a reliable series of the above tests, i. e. that we had succeeded in pro-

ducing at will in a certain kind of subjects (e. g. pigs, rabbits, frogs, or even insects), a recognizable, constant pathogenetic state, in short a disease running a certain course, and ending in recovery in most instances), we may proceed another step.

XXI.—While it is sufficiently well known by experience that drugs may produce morbid conditions, i. e., act as poisons, the amount of experience proving the curative power of drugs, amounts to little more than a tradition hardly deserving the name of deduction.

XXII.—It is therefore necessary that the *curative power* of drugs should be as positively demonstrated as their power to produce morbid conditions (pathological states).

XXIII.—In order to accomplish this, truly inductive methods should be employed in the form of experimental research.

XXIV.—It should be determined *experimentally* whether it is possible to arrest artificial disease by the use of medicine *before* its natural termination.

XXV.—A preliminary step would be to determine the average duration of the morbid states artificially produced by drug action.

XXVI.—These morbid states will be of two degrees. One in which the dose is so graded that recovery will be possible and most probable. This will be the morbid state of most interest. The average duration having been determined, the next will be to determine whether it can be counteracted by medicine and under what conditions and in what time as compared with the average duration of the pathogenetic drug effect.

XXVII.—The other degree of drug effect is the one in which death will probably result in consequence of a "fatal" dose of known strength. Experiments to determine whether the fatal result can be prevented, would be the most desirable, but of which practical results in natural disease can hardly be expected, if, as in Dr. Bennett's experiments,\* the antidote has to be administered before the poison.

XXVIII.—Such experience can be obtained by observing the natural course of an artificial pathogenetic condition in as many instances as possible, and then by comparing them with as many pathogenetic states (diseases) to which the (probable) antagonist has been applied.

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\*Researches into the Antagonism of Medicines; by John Hughes Bennett, London, J. A. Churchill, 1875.



XXIX.—To determine what would most likely prove to be a curative drug in case of artificial disease, it will be necessary to follow three modes of experiment.

One will be to adopt a good working theory, such as "*similia similibus curantur*," according to which the best proven drugs should be selected according to the principle of agreements of results of provings.

A second working theory would be that of antagonism, as far as demonstrated at, or since, the time of John Hughes Bennett.

XXX.—The third and most unbiassed method would be to adopt no working theory in form of rules or laws of cure, but to endeavor to find one. But as no law of nature can be discovered without the starting point of a theory, the former methods should be exhausted first.

XXXI.—Were it possible to determine these theories by direct experiment, we should then possess positive evidence for, or against a law of cure, hitherto accepted without sufficient evidence obtained by inductive experimental research, too many negative results having been ignored in comparison with favorable results made known.

XXXII.—The experiments tending to prove drugs should begin with the lower organisms and should end only with provings on the healthy human subject, after the preliminary tests—"the rough mapping out," as I have called it, has been accomplished. Then the proving on "*homosapiens*" may begin, and then the rough outline may be compared with human-body-provings, each proving constituting a control-test for the other.

XXXIII.—No text books on "*Materia Medica*," should be consulted in these experiments—*conditio sine qua non*.

XXXIV.—Comparison with text books on *materia medica* are only admissible after completion of independent tests.

XXXV.—The proving of drugs for the purposes of applying them in disease, according to a law of cure, is vastly more difficult than has hitherto been considered. To arrive at imaginary facts is allusive; to arrive at the truth is more frequently impossible than possible. The busy doctor should not attempt it, but hope and urge that individuals favored with intelligence, learning and pecuniary means will devote the working years of their lives in attaining it by experimental research.

# PATHOGENETIC SYMPTOMS WHICH MAY BE ACCEPTED AS SURE INDICES FOR THE REMEDY.

BY EDWARD F. BRADY, M. D., KANSAS CITY, MO.

Read before the Missouri Institute of Homœopathy, at St. Louis, Mo., April 27, 1887.

Children wake suddenly at night *terrified* and *trembling*, covered with *cool, clammy sweat*.—*Actæa rac.*

Disposition to *grasp* the seat of the water-closet tightly while at stool; perspiration breaks out, and the patient despairs of having a stool.—*Alumina.*

Can scarcely retain the urine a moment, and, when *passed*, *scalds* severely. Feels as if he could not take another breath.—*Apis mel.*

Discharge of *pure blood* from rectum. Heart pains come on slowly, increase up to a certain point, and then as gradually subside. Constriction is the key note.—*Cactus grand.*

Flashes of light shoot up from the eyes, then break and fall down in a shower of sparks. Patient feels better in every way when constipated. Strangury brought on by standing on cold damp pavement.—*Calcarea carb.*

Headache at night; has to sit and hold head with both hands to prevent it from falling to pieces. Deafness; she can hear human voices in the room with her, but cannot tell from whence the sound comes.—*Carbo animalis.*

Excessive lachrymation in orbital neuralgia; the tears fairly gush out, and eyes cannot bear the least light. Flying out of detached lumps of mucus on coughing; the cough reechoes in the stomach.—*Chelidonium.*

Constant protrusion and retraction of the tongue like a snake. In epilepsy, aura begins at knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foam at the mouth, and falling down convulsed. Soon as patient goes into a high ceiling room the head reels and she loses her senses.—*Cuprum acet.*

After confinement patient has colicky bearing down pains, each pain accompanied by a gush of blood which relieves the pain momentarily.—*Cyclamen Europ.*

She awakens at night with hands feeling twice their natural size, so that she cannot make any use of them. Toothache occurs every day at precisely the same hour, aggravated by lying down.—*Aranea diadema.*

Shuddering in the mammæ; feels as if the heart would stop beating if she dared to move.—*Digitalis.*

In "ague", patients want to be *held* during the shakes; sleep throughout the heat; thirst during sweat; muttering delirium when



half awake. Fears that unless constantly on the move, her heart will cease beating.—*Gelsemium*.

She imagines she is especially singled out as an object of divine vengeance. Thinks all her friends have deserted her. Extreme *drowsiness*; constant hacking cough proceeding from the chest during pregnancy. Irresistible desire to urinate, but no flow except after great urging, and then with difficulty.—*Kali brom*.

Sensation as if a stick extended from throat to left side of abdomen with a ball on each end of stick. Belching putrid gas like rotten eggs. Stomach feels as if it would surely burst. Hard, white, round *masses* fly from mouth when coughing or hawking.—*Kali carb*.

The least movement causes feeling of suffocation around the heart. Intolerable pinching and itching in spots on lower extremities, relieved only by plunging in *cold* water, worse after sleep.—*Lachesis*.

Sensation as if *hot balls* dropped from each breast through to back, running down back, along each leg to heels, and dropping off at heels. This sensation alternating with feeling as if balls of ice followed the same course. The foetus seems to be constantly turning summersaults within the womb. Especially useful in dry cough, day and night, in feeble emaciated boys. Chill every seventh day.—*Lycopodium*.

All the time keeps pushing his fingers down his throat, or keeps *clawing* at his mouth. Typhus: stupid sleep; while awake, unconsciousness; loud moaning; lower jaw dropped, sliding down in bed.—*Muriat. acid*.

Sensation of a body rising up to throat, and extending to both ears, pressing up into them, causing swallowing, which makes it descend, soon to return; worse from 9 A. M. to noon.—*Plumbum acet*.

Pain in occiput from right to left, as if a piece of wood was laid on back of head. Eructations like rotten eggs. Has stools smelling like rotten eggs; soft stool is voided with difficulty from *weakness*. Normal stool, but passed in a great hurry, can hardly reach the water-closet, with quantities of flatus. Must keep the arms spread wide apart in order to breathe freely. Want of breath in the open air, has to hurry home and lie down in order to breathe freely, weakness of all the joints as if they would not hold together.—*Psorinum*.

Superficial pains upon the external chest, of a *sharp, shooting, sticking, tearing* character, coming in paroxysms.—*Ranunc. bulb*.

Speechless and breathless from violent pleuritic pain, running downward in the left anterior chest after standing on cold ground. Paroxysmal chorea, *left arm, leg* and *face* on approach of a storm. Cannot get to sleep or remain asleep, unless legs are crossed.—*Rhododendron*.

Urine dribbles while sitting ; but when standing it passes freely. Feels as if bound down to the bed by a powerful *suction*, with sharp pains in back and shoulders.—*Sarsaparilla*.

Child coughs till breath is gone, and then gags and vomits mucus, cough constant when the child is laid down.—*Sepia*.

Most horrible erections at night causing the patient to *swear* most vehemently.—*Picric ac*.

So much pain when he passes urine as to cause him to *dance* around the room in agony.—*Petrosel*.

Great difficulty and pain in passing urine ; he cries out, and can only emit urine when on his knees, pressing his head against floor. Urine smells strongly of ammonia, and contains a quantity of viscid, thick, white mucus, pain in thighs.—*Pereira Brava*.

Facial neuralgia, with a stupid, stunning headache ; begins every morning after breakfast ; copious urination and disposition for stool.—*Iris V*.

Watery gushing diarrhoea in morning ; awakened with violent tenesmus, which prevents her rising ; later, burning in abdomen, nausea, and violent straining to vomit.—*Kali b*.

Pains occur at irregular times, continue for no definite period ; come suddenly or gradually and leave as uncertainly. Pains are worse when sitting bent, yet feels as though it were necessary to do so ; relieved by sitting or standing upright. Wandering rheumatic pains in region of heart when pains suddenly leave limbs and go to heart. Severe pain in cardiac region, with slow, small pulse ; attacks of angina pectoris.—*Kalmia lat*.

Milk is forcibly ejected soon after it has been taken ; the child is weak and *drowsy*. On awaking will nurse or feed again, only to vomit it soon after. Face wears an expression of anxiety, with well marked lineæ nasalis ; puffed, spotted red ; pale.—*Aethusa cynap*.

Stools three or four times daily, very dark, fetid, partly formed, containing much mucus, expelled with difficulty, and followed by smarting and burning at anus, but no tenesmus ; stools always occurred immediately on having the head washed. Has been successfully used to produce euthanasia in tuberculosis.—*Tarentula*.

Irresistible, almost maniacal, desire for ardent spirits ; has to get completely drunk, and feels afterwards distressed—wants to be brought to an insane asylum ; most pronounced at the menstrual period. Irresistible desire to lie down and sleep ; strength suddenly leaves him.—*Selenium*.

Sore nipples ; when the child draws on the nipples a pain which is excruciating runs through to corresponding scapula—*Croton tig*.



Feeling as if a stream of fire passed through the abdomen and as if the bowels would come out.—*Asclepias tuberosa*.

Cannot hear the sound of scratching on linen or any similar substance. Dull roaring of the left ear like a distant wind storm; in right distinct singing sensation as if the skin were stretched over the right external ear. *Unconquerable longing for alcohol*. Imagines he is hovering in the air like a spirit, when walking in the open air. At the appearance of the menses; violent pain in small of back, which scarcely permits her to breathe.—*Asarum Europ.*

Sensation as if something the size of a fist were rolling around in the abdomen. Sings involuntarily, on hearing even a single note sung, laughs at herself, but soon sings again in spite of her determination to stop.—*Orocus sativa*.

Violent-twisting colic, occurring in violent regular paroxysms, with remissions.—*Dioscorea v.*

Teeth show dark specks and begin to decay as soon as they appear. Menses too early, too profuse and too protracted; followed by acrid smelling bloody ichor, with itching and biting in the parts; flow intermits, at times almost ceasing, and then recommencing; orifice of uterus wide open, almost everted, its inner surface like a cauliflower. Scirrhus of vagina, painful to slight touch, violent itching between labia and thighs.—*Kresotum*.

Stools with green scum like that of a frog pond. Neuralgic pains, shooting like lightning, worse on left side, worse in draught, from change of temperature, from touch; must get out of bed and walk the floor. *All her symptoms are aggravated every third week*.—*Magnesia carb.*

Sensation of something pulling at the umbilicus, with actual retraction of the naval. Abdomen hard as stone; knots in recti muscles; anxious with cold sweat and deadly faintness. Paralysis; preceded by mental derangement, trembling spasms, or by shooting tearing pains; the parts emaciate; wrist drop; caused by apoplexy, sclerosis of the brain or progressive muscular atrophy; alternating with colic. The ailments develop themselves slowly and intermit for a time.—*Plumbum met.*

A full distended feeling of all parts of the body, conscious pulsations over whole body, and out-pressing in the hands and arms, as if blood would burst through the vessels. Heart feels as if squeezed in a vice. Disposed to curse, to strike, to think of obscene things; as these mental states came uterine irritation abated. Fear of insanity.—*Lilium tig.*

Canine hunger even when the stomach is full of food. Sensation of a round ball in forehead, sitting firmly there even when shaking the head. Ailments from indignation with vexation or reserved displeasure. Stytes, nodosities, chalazæ on eyelids, one after another, sometimes ulcerating.—*Staphisagria*.

Sensation of trembling without visible trembling. Violent protrusion of inguinal hernia ; has reputation of being a specific for cure of hernia.—*Sulphuric acid*.

Vertigo, particularly when lying down or when turning over in bed. During micturition, flow intermits ; tumors in mammæ, with piercing pains, worse at night, gland abnormally tender. Cancer of the lips from pressure of the pipe.—*Conium*.

Excessive nausea and vomiting when riding in a carriage or when becoming cold. Cutting and rubbing in the abdomen as of sharp stones. Sleeplessness from night watching.—*Cocculus*.

Loquacious delirium, worse from looking at shining objects ; in the dark when alone. Mania for light and company ; cannot bear to be alone ; runs about ; rage ; proud ; haughty ; merry ; exaltation ; strange, absurd ideas ; thinks herself tall, double, or lying crosswise ; one half of body cut off, etc. If jealousy is connected with the mania, *Apis mel.* will cure. Useful in *chorea, hysteria, spasms, epilepsy and catalepsy*.—*Stramonium*.

Continuous anxious nausea, straining to vomit, with perspiration on the forehead ; vomiting in any position except lying on right side. *Catarrhal croup, croup of adults, child breathless and pale when born*.—*Tartar emet.*

Stools forcibly expelled ; copious. Gurgling like water from a bung-hole. Fixed ideas, as if a strange person was at his side ; as if soul and body were separated ; as if made of glass ; as if a living animal were in abdomen ; sycosis.—*Thuja*.

Cold sweat on the forehead. Intestinal catarrh, coming on suddenly at night in summer ; vomiting and purging. Never speaks the truth ; does not know herself what she is saying. Mania ; with desire to cut and tear, especially clothes ; with lewdness and lascivious talk ; consequences of injured pride or honor.—*Veratrum album*.

*Urine passes unconsciously day or night*. Great weakness of lower extremities. Sensation as of a splinter in the throat. She is in constant motion from the time she comes out of one spasm until she goes into another. *Chronic laryngitis of singers ; raising the voice causes cough*.—*Argentum Nitricum*.

Strange temper ; she laughs at serious matters and is serious over



laughable things; thinks herself a demon; swears. Dyspeptics, with peculiar mental crookedness. *Great and urgent desire for stool, but with the effort the desire passes away, without an evacuation; the rectum seems powerless, with sensation as if plugged up.*—*Anacardium Orientale*.

Clergyman's sore throat where constrictions exist; constriction and crawling sensation in larynx; cough aggravated by warmth and lying down. *Cough comes in violent paroxysms at intervals of about four hours. The sick involuntarily support the larynx on swallowing or coughing.*—*Drosera rotund.*

*Bladder-like appearance of the uvula, with much swelling but very little redness.* All secretions from mucous membrane are ropy and tough. Hawks copious, thick, blue mucous in the morning. Early formative stage of croup; worse 2 to 3 A. M.; the tough mucous strangles him; insidious approach, fat, chubby; light-haired children. —*Kali bich.*

Cannot keep still; skin dry, hot and burning; excitement without cause; everything startles him. Numbness in left arm can scarcely move the hand; croup; awaking in first sleep; child in agony, impatient, tosses about; every expiration ends with a hoarse hacking cough; after exposure to cold, dry winds.—*Aconite*.

*Complaints from sunstroke. Terrible crushing, sinking headache. Brain feels too large; bursting headache. Throbbing of arteries. Brain seems to be moving in waves; all the blood seems to be pumped upwards; holds the head with the hands.*—*Glonoinum*.

Spasmodic motions; from simple involuntary motions and jerks of single muscles, to a dancing of the whole body; involuntary movements ceasing during sleep. Soreness and aching along spine and limbs; sensation of ants creeping along spine; spine sensitive to touch; every motion, every turn of the body causes pain in spine; worse mornings and at the approach of a thunder-storm.—*Agaricus muscarius*.

Labor. A state of hyper-excitation; normal uterine; contractions are spasmodic, painful and intensely powerful; *but intermitting with cramp in extremities.* Specific in rheumatic fever characterized by suddenness of onset, severity of manifestation and location in large muscles. Sleeplessness is the key note of the melancholy which this remedy cures.—*Actea racem.*

*Copious, thin, ichorous, bloody discharge from the nose, without fetor. Dizzy, face hot, cannot sit up; drowsy yet very restless and anxious. Insensible with muttering delirium; recognizes no one; scarlatina. Elec-*

tric thrill, starting from brain to extremities ; jerking cramp of limbs during sleep. Useful in low adynamic forms of disease. A very characteristic symptom : *intolerable pain in the back of the neck, upper part of the back and the right hip joint.*—*Ailanthus*.

Diarrhœa of children, chronic diarrhœa of adults, sexual desire lessened, almost lost. Penis so relaxed that voluptuous fancies excite no erection. Testes cold, swollen, hard ; penis small, flacid. "Old Sinners" with impotence and gleet. Voice sounds as if passing through wool.—*Agnus castus*.

Dryness, heat and constriction of the rectum ; rectum feels as if full of small sticks ; prolapsus ani after stool ; dull backache. Key-note : *Throbbing in the abdominal and pelvic cavities, especially the latter.*—*Æsculus hip*.

Great thirst with dropsy ; skin pale and waxen ; general anasarca and dropsical affections of abdomen and legs with great thirst. Sphere of action ; hemorrhages, dropsy, typhoid-fever, croup. Is an antidote to all anæsthetic vapors.—*Acet. acidum*.

Paralysis of inner organs. Hyperæmia of brain, medulla and spine.—*Absinthium*.

Gout in wrists and ankles ; after suppressed gastralgia ; inflammatory rheumatism before the swelling commences ; face wrinkled as if old ; skin flabby, hangs loose ; marasmus ; ravenous hunger all the while emaciating.—*Abrotanum*.

### SOME CLIMACTERIC CONDITIONS.

By CLARENCE M. CONANT, M. D., Orange, N. J.

Read before the N. J. State Homo. Med. Society, May 3d, 1887.

Very few women pass twenty-five or eight years of menstrual life without anticipating with either dread or satisfaction the menopause—very many have had relative or intimate friends whose lives have been lost in the crisis, or who have become chronic invalids ; or at the best, have suffered severe attacks of disease. Others, whose forecast is more hopeful, look forward to immunity from child bearing, or the monthly annoyance of menstruation. So that to almost all women the menopause is an epoch, mentally as well as physically.

It is not strange that where climaxis is especially signalized by abnormalities, those most frequently observed are intimately concerned with the circulation. Witness the flashings of heat, vertigo, headache, heart and sometimes liver diseases. Moreover the axiom is trite that such disorders as seemed peculiar to any given individ-



ual at puberty may be somewhat expected to show themselves at climaxis.

The vertigo and headache of climaxis are not in my experience marked by any especial peculiarities; each case must be taken by itself, and carefully treated by its similitum. Of the heart affections, palpitation, (without organic lesion), certainly is most frequent; valvular disease not uncommon, and I believe mild forms of Morbus Basedowii exist more frequently than is usually supposed.

The menorrhagia or metrorrhagia of the menopause present great varieties. In some cases menstruation becomes greatly prolonged, almost incessant, in fact, without being especially profuse at any given time. In others it is excessively irregular as to time, but astonishing as to quantity. In others, the two forms of abnormality are combined. An interesting case physiologically, fell under my observation. A lady of unusually fine physique, began menstruation at 12 years, married at 18, and a few years later bore a child. A little later first husband died, and at thirty she married again. Two children and a miscarriage were the result of the second marriage. During her whole life always menstruated on the 28th day, reckoning from beginning to beginning, and generally the fluid set in within a few hours of the same time in the late afternoon, evening or night. The only exception had been when she was pregnant. She always flowed five days, no more and no less; three days freely and two days gradually, decreasing to *nil*. Never had any pain, never saw any clots, never any variation of color from the deep red. At 40 years of age was surprised to observe that the flow was a little less and only four days, instead of five. During two years menstruation gradually decreased in quantity and dropped off a day every few months until at 42, thirty years after puberty please observe, it simply appeared in the evening and was gone by morning, and after a few such modest final bows it simply did not come at all. This woman never had a headache, no consciousness of a womb, nor any leucorrhœal discharge. A model woman physically.

Hepatic disturbances, and even organic lesions, I believe, are somewhat characteristic of the menopause. Nor shall we find these cases, by any means, invariably in the so-called bilious subject, but quite as often in nervous or nervo-sanguine temperament.

Instead of a stereotyped list of rubrics and drugs, allow me to call your attention to a few drugs, and indicate their sphere of usefulness.

*Carduus mar.* is a drug of supreme importance in liver troubles during climaxis. The symptoms point to hyperæmia, jaundice and

gall-stone formation. It much resembles cheledonium. There is swelling and tenderness of the liver, especially its left lobe; brown, constipated, knotty stools, or soft, clay-colored evacuations. Asthmatic bronchitis and catarrhal symptoms intensify the picture. We have seen many cases of inflamed liver cured by this drug, and one severe case of hepatic calculi which had resisted careful treatment, including a prolonged course of china. We have used only the first centesimal dilution.

*Ustilago* is a drug which sometimes successfully rivals lach. in controlling the flooding of climaxis. The flow is mostly dark, and clotted, and excessively profuse, not infrequently accompanied by ovarian irritation, the left ovary being preferred. This drug will also cure the headaches of climaxis. The pain is in the forehead and top or side of the head. Vertigo is also among the climacteric symptoms of the drug. For the floodings we have been most successful with the 3x trit. But several cases of headache, resisting a great variety of other treatment have yielded *handsomely to the 30th*. *Senecio* we are apt to regard solely as an emmenagogue, and as such we have found a material dose essential. But sleeplessness and nervous irritation in climaxis will frequently be removed by exhibition of this drug in the 30th, as a number of cases on my records attest. A chronic bronchitis, with more or less profuse yellow sputa and debility, as evinced by symptoms simulating phthisis, is also characteristic of this drug. But for this condition a material dose of the drug is more useful than any dilution.

In my experience no drug so often controls the flushings and flashes of heat so annoying to many women in climaxis as *verat. viride*. It will also control the headache and cardiac palpitation when these rest positively upon a basis of plethora or disturbed equilibrium of the circulation, but must be used in a low dilution to do it.

Of course lachesis is well remembered by us all as an old, well tried, and almost never-failing friend and helper in *all* climacteric conditions, especially those of the heart, and for flooding. And I shall hope not to excite your ridicule by simply saying that my best results have been with the 30th and higher. *Actea (cimicifuga)*, has always seemed to me as if it should be a drug most useful in climaxis, but I must confess to entire failure with it. I have tested it from  $\mathfrak{m}$  to 1000; except in cases of rheumatic or choreic heart trouble.

*Xanthoxylum*. I occasionally find a good remedy for headache during the menopause in spare nervous women, who have had scanty flow, tending to sudden stoppage with much ovarian and



crural pain. The headache is mostly frontal. We use this drug mostly low but have seen fine results from the 30th.

In repeating from them, I prefer and have found most useful :

*For flooding.* 1. Lach. 30, 2. crocus 30, ustilago 3x, triticeum.

*For headache.* Crocus, lach., ustilago, xanthox., sanguin.

*For flashes of heat.* Verat. vir., acon., glon., sang.

*For palpitation.* 1. lach., 2. cactus, puls., verat. vir.

The subjoined *crocus* case I found interesting and instructive. A lady in climaxis, or close to it, who menstruated profusely and frequently, suffered terrific attacks of headache. Much stannum had partially relieved ; complained of sudden and frequent attacks of nose-bleed, extending over a period of many months. She was a scoffer at anything homœopathic, but received repeated doses of *crocus* 200 with the result that the nose-bleed attack ceased, the headache turns became less frequent and severe, menses were extended from fourteen days to twenty-four. This improvement continued about six months when the nose-bleed returned, but the attacks were less often, and the flow less free. *Crocus* 30, was then given, with the result that the epistaxis is again relieved and so remains, now about 6 months.

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#### A CASE OF LABOR OBSTRUCTED BY A TUMOR.

BY J. NICHOLAS MITCHELL, M. D., PHILADELPHIA, PA.

(From the transactions of the New York State Homœopathic Medical Society).

In May of this year, I was requested by a friend, a man of large experience in obstetrics, to see with him a lady who had been in labor for some hours and who seemed, as he said, "to have neither cervix nor os." When I reached the house I found that the patient had been in labor some eight or nine hours ; that the first symptoms of labor had been the discharge of a dark fluid in sufficient quantity to make her nurse announce it as "the waters ;" that the pains were coming with great regularity and were excessively severe, and that a discharge of a dark inoffensive character still continued. Upon vaginal examination, the vagina seemed to be a closed *cul-de-sac*, much shorter than usual ; the roof and portion usually occupied by the uterus felt hard and resisting, and were not affected by the pains of the woman, and there was no posterior *cul-de-sac*, this space being filled in by this same hard, resisting body. Abdominal examination revealed two tumors in the abdomen, each one running obliquely upwards in opposite directions from the pelvis, and thus leaving a certain amount of space between them at their upper extremity.

The tumor running upwards in the left side of the abdomen was found to grow hard under the hand when the pains came on, while that on the right was unaffected by them. A second vaginal examination succeeded in passing two fingers between the symphysis pubis and the hard presenting tumor, and with the tips of the fingers the os was felt above the brim of the pelvis, partially dilated and to the right side. Judging then that the tumor in the left side of the abdomen was the uterus with its cervix presenting thus at the right inguinal ring, the axis of the uterus was in such a position that if a straight rod had been passed through the abdominal wall to the right of the mons veneris it would have entered the cervix at that place and have passed obliquely upwards across the abdomen to the other side. It was also discovered that the breech presented, and a diagnosis made of labor obstructed by a tumor, probably ovarian. My first attempt was to push up the tumor out of the pelvis and push the uterus and child down in its place. After long continued effort in this direction without success, I determined that one of two things must be done, viz. : either tap the tumor or perform a laparo-elytrotomy. Before attempting either of these operations, however, we sent for further counsel. There was an interval of time from 9.30 A. M. until 1.30 P. M. before we again met with our added counsel. An examination revealed that during this time some change had occurred which permitted the hand to be passed by continued pressure between the symphysis and the tumor; our counsel advised against either tapping or cutting, and, himself, pulled down the breech of the child, and, being tired with his efforts, left me to deliver the head and shoulders, which was done without any great effort. The woman rallied very well from the operation and ether, but had no contractions following the delivery of the child. The placenta seemed to be entirely adherent since there was no hemorrhage. During this time of waiting for the placenta, I again made an effort to push up the tumor out of the pelvis, but was still unable to do so. After waiting for a while, without contractions ensuing, friction over the abdomen and medicines were resorted to, and a severe hemorrhage coming on, the hand was passed into the uterus, and the placenta, which was found partially adherent, was removed. The woman rallied well from the labor, and after putting a few stitches into the torn perineum, which needed no ether to perform, I left her some three hours after the delivery with a fairly good pulse, a temperature of 100.5°, with a perfect consciousness and recovery from shock, and with a fairly-contracted uterus. This was at 9 P. M.; at 6 A. M. the following day I was called to her, and found her colorless,



pulseless, and restless, throwing her hands up over her head and gasping for breath, partially conscious, and with cold and clammy extremities. The hand placed upon the abdomen could discover the tumor in the right side of the abdomen, but no uterus could be felt. I then discovered that no discharge of blood had occurred externally since I had left. The woman very shortly died. Unfortunately no post mortem examination was allowed, but from the fact that I could feel no tumor, suggesting a concealed internal hemorrhage, and that there had been no pains, and no discharge externally, and knowing that she had rallied from the shock of the delivery before I had left her on the evening before, I concluded that there must have been a rupture of the uterus, and that the constant flow of blood through this rupture had produced her death.

I thought that she had rallied too completely from the shock for that to be looked upon as the cause of death, and felt that if the tumor had ruptured we should have had symptoms from the beginning, and no rallying from the shock. Whereas, I supposed that possibly the laceration at first might not have extended through the peritoneum, or might have been closed by the first contraction.

As an interesting fact it may be stated that I learned some weeks afterwards that she was the third in her family who died from ovarian tumors complicating labor.

*Remarks.* All authors agree that a tumor complicating labor and obstructing the pelvis is of most serious import to both mother and child. Anyone who has had to contend with such a case has the subject brought to his attention in such a way as to impress this fact upon him more than any words or writing can possibly do. This makes the third case in my experience. In both the others it was possible to push the tumors up out of the way. One case then needing version by the feet to effect delivery; the other, after the tumor was pushed up, was delivered naturally. In both cases mothers and children were saved.

Hodge notes as quoted from Cayeaux Puchell's statistics as follows: Out of thirty-one cases, fifteen women and twenty-three children perished. One woman and twenty-one children died during labor. In five cases where no assistance was offered, four women and three children died. In one case, the child and mother were saved by pushing up the tumor; in a second case the child died but the mother survived. Version was performed twice—after pushing up the tumor—both children and one mother perished. Puncture of the tumor was made

in three cases ; one woman escaped, two women and three children died. Incision of the mass was performed in four cases ; three of the mothers and one child survived ; one mother and three children were lost. In one case, where the forceps were applied, the mother and child perished. Craniotomy was performed six times, three of the mothers only recovering. The blunt hook was used in some cases, with safety to both parties. Dr. Merriman reports eighteen cases : Of these, nine mothers died, three recovered imperfectly and six completely. Dr. Litzmann reports fifty-six cases ; twenty-four mothers died and thirty-two recovered ; of the children seven were born alive, thirty-five were still born and of the remainder no account was given.

Playfair tabulates fifty-seven cases. In thirteen, labor was terminated by the natural powers alone, but of these, six mothers, or nearly half, died. In favorable contrast with these we have the cases in which the size of the tumor was diminished by puncture. These are nine in number, in all of which the mothers recovered, five out of the six children being saved. The reason of the great mortality in the former cases is apparently the bruising to which the tumor, even when small enough to allow the child to be squeezed past it, is necessarily subjected. This is extremely apt to set up a fatal form of diffuse inflammation, the risk of which was long ago pointed out by Ashwell, who draws a comparison between cases in which such tumors have been subjected to contusion and cases of strangulated hernia ; and the cause of death in both is doubtless very similar. This danger is avoided when the tumor is punctured, so as to become flattened between the head and the pelvic walls. On this account I think it should be laid down as a rule that puncture should be performed in all cases of ovarian tumor engaged in front of the presenting part, even when it is of so small a size as not to preclude the possibility of delivery by the natural powers.

Barnes gives the following summary of Rules of Management of Labor complicated with Tumors : "1. Push the tumor above and aside if possible. 2. If the tumor be fluid and it be thought better not to attempt its removal, tap it by aspirator-trocar. 3. If solid, puncture by aspirator-trocar, and if still undiminished in bulk, remove it if possible. 4. If the tumor cannot be acted upon advantageously, reduce the bulk of the child. Turn, perforate, crush the head by cephalotribe, reduce by lamination. 5. If neither tumor nor child can be advantageously acted upon per vaginam, resort to the Cæsarian section."



As in our case nothing but an attempt to push up the tumor was made and none of the other rules laid down above—though puncture or laparo-elytrotomy, if that failed, was suggested by me, but overruled at the consultation. It may be proper to say that labor had been going on for so long a time before our consultant arrived that he thought that the risk of infection was greater than the likelihood of damage by compression, since so much more space presented for delivery by this time than was found earlier in the labor.

The delivery of the child was remarkably easy considering how small the space had seemed at first, but from the oblique position of the uterus above the pelvis and lying across the tumor, the pressure of bringing the child into the axis of the pelvis was brought to bear upon the posterior wall of the uterus, by having to pull at right angles to the axis of the uterus, and across the tumor like a lever below, and I fear that the strain was too great and resulted in a laceration of the posterior wall of the cervix and that this laceration extended into the body.

From my experience in this case I have determined that even when there seems, as there did in this case finally, to be room enough to give passage to the child, that if attempts to push up the tumor fail, either puncture should be tried, or in case of failure to empty the sack, operation for removal of the child either by craniotomy or through the abdominal walls by some one of the different operations, should be attempted. In this case, from the position of the uterus, Thomas' operation of laparo-elytrotomy suggested itself to me. Statistics of craniotomy in these cases show very conclusively that the mortality is as great as in Porro's operation under ordinary circumstances, so that I should feel inclined to give the child the benefit of this latter operation, or, if practicable, of Thomas'.

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#### A RARE CASE OF MORBUS BASEDOWII.

BY F. PARK LEWIS, M. D., BUFFALO, N. Y.

(From the Transactions of the New York State Homœopathic Medical Society).

The following case is reported because, as far as the writer is aware, it is unique in the history of Basedow's disease, and he desires, therefore, that it be placed on record :

The patient, a woman of nervous sanguine temperament and slight build, had been married for five years. She was twenty-six years of age. Had been in good physical condition until the birth of her child, one year after her marriage. Nothing of unusual interest had occurred during her pregnancy, but her labor was protracted and

severe, and was followed by delirium lasting for several days after her delivery. During the three months following she suffered more or less constantly from metrorrhagia. Since that time she had never been well. She had been rather more nervous than usual, when, three years ago, it had become evident to her that her heart was beating more rapidly and with more forcible impulses than was normal. This continued without intermission, and in August, 1885, her left eye began to protrude until, in a few days, it had become alarmingly prominent. This proptosis had been accompanied and was followed by intense pain in the left temple and left eyeball, exacerbations occurring at irregular intervals, usually about a week apart, there being meanwhile a more or less constant dull aching in the eyeball and temple. Occasionally sharp neuralgic pains would dart through the right eye and temple, but infrequently and with no regularity. The more severe attacks were followed by general prostration. Her dreams at night were horrible, quite frequently of falling from a great height, and she would awake to find herself sobbing. She complained of frequent sharp uterine pains, but an examination, made at writer's request by Dr. T. G. Martin—who was then attending physician at the Homeopathic Hospital where she was being treated, disclosed no abnormality. Her menstrual periods were regular. No organic lesion of the heart could be discovered. Her pulse at the date of her first visit was 98. The proptosis, she had noticed, was always increased by anxiety or nervous excitement. The heart beats at such times were also more rapid and forcible. Frequently before the eye began to protrude, she had attacks of congestion of the head, with dizziness, followed by blowing dark blood from the left nostril. She had frequently been short of breath, and had been troubled with hot flushes followed by chills. For the three months preceding her first visit to the writer, together with the pain in the left eye and temple had been a severe pain, in the morning on rising, in the neck and back of the head. With the pain in the head had been a beating in the ear on the side of the pain, sometimes on one side and sometimes on the other. Before the protrusion of the eye, beating was felt in the orbit synchronous with the pulse. Digestion was good; her habit constipated. She complained of a constant feeling of hunger not relieved by eating. Her appetite had been moderate. A careful examination of the eye discovered no organic change other than the unilateral proptosis. Pupils normal in size and responding readily to light and accommodation. Media clear, retinal and optic nerves normal. No pulsation discoverable in the retinal vessels.



The direct history of this condition was one of domestic infelicity with actual physical suffering. During her post-partum illness she had been deprived of necessities of life, and had suffered from exposure to intense cold. She had been continuously in a state of nervous excitement which was kept under repression, the tension being thereby greatly increased.

Rare cases are reported of monocular exophthalmia in morbus Basedowii, but none, as far as the writer is aware, have been published, in which, with unilateral proptosis, the thyroid enlargement has been absent.

Incidentally it may be remarked that the curative remedy was *Nux moschata*, a drug which bears in many respects a close analogy to the disease, and which has subsequently, in an incurable case with enlargement of the heart, proven of great value in controlling many of the nervous symptoms.

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## Society Reports.

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### NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY—ANNUAL MEETING.

REPORTED BY B. H. B. SLEIGHT, A. M., M. D.

The regular annual meeting of the N. J. State Homœopathic Medical Society was held at the Board of Trade Rooms, Newark, May 3d, 1887.

The meeting was called to order by C. H. Shelton, 2d Vice-President, in the temporary absence of the President, who telegraphed he would come later.

Thirty-one (31) members responded to roll-call.

Minutes of the October meeting at New Brunswick were read and approved.

H. J. ANDERSON of Newark, in view of the fact that, heretofore, much valuable time has been consumed, during the already brief P. M. session, in the election of officers, moved that this order of business be taken up at once and disposed of. Carried. The election resulted as follows: C. W. Butler of Montclair, President; J. G. Streets of Bridgeton, 1st Vice-President; Samuel Long of New Brunswick, 2d Vice-President; E. Rushmore of Plainfield, 3d Vice-President; B. H. B. Sleight of Newark, Recording Secretary; W. McGeorge of Woodbury, Corresponding Secretary; F. A. Gile of Orange, Treasurer; M. D. Youngman, Atlantic City, Necrologist.

At this juncture the President, A. Ubelacker, of Morristown, arrived and took the chair.

As *Board of Censors*, H. J. Anderson, Chairman, J. E. Winans, J. N. Lowe, C. M. Conant, S. L. Eaton were elected.

The reading of C. M. Conant's paper, "Some Climacteric Conditions" was, by unanimous consent, here read for the convenience of the author, the order of business being temporarily suspended. Among other maladies, morbus Basedowii was mentioned as of more frequent occurrence at the menopause than was ordinarily supposed. Some noteworthy cases were related, especially one of epistaxis cured with lachesis 200. Carduus marianus was recommended as a remedy too little used at this time of life. The paper was cordially received, and discussed at length by Drs. Younglove, Gile, Long, Rushmore, and the President. The last named related a case in point, saying he was prevented this morning from being present in time to open the meeting by a hasty summons, shortly before his train left, to a case of menorrhagia. The lady, who had arrived at the climaxis, had been several times in danger of losing her life before from the same cause. The medicines, formerly effectual, this time failed him, but crotalis horr. 12 x stopped the flow promptly, though it was this time more profuse than ever before. He thought a red streak down middle of tongue a very characteristic symptom of verat. vir., in addition to the peculiar full, flowing pulse mentioned in Dr. Conant's paper. In answer to an inquiry by J. E. Winans, he said the blood was red, fluid, not clotted.

#### P. M. SESSION.

In his annual address the President dwelt on the progress made during the year in medicine and surgery, especially noticing the more hopeful prospect for the cure of phthisis. He suggested that more time be spent by this Society in the discussion of papers and in social intercourse. Papers should be written by fewer members and these should be more particularly designated for the purpose. Measures should be taken to make known to the laity the proper precautions against cholera.

On motion a committee of three were appointed to consider the best way of putting in practice the suggestions comprehended in the address of the President and report later.

Under "Unfinished business" the question of an evening session was discussed and ordered to be laid on the table, very few favoring it.

The Board of Censors reported favorably upon the following gen-



tlements who were unanimously elected to membership, viz.: Harriet L. Knudsen, Cecilia C. Brown, Sarah C. Spettiswoode and T. H. Baldwin. The name of one other practicing physician was presented, but, as it was found that he claimed the right to practice only through a license of this Society issued in 1875, he was not admitted, inasmuch as it was asserted by members of the Legislative Committee that no such license has been legal in this State for twenty-five years, if it ever had been.

The committee on President's address then made the following recommendations:

1st. That in order to promote sociability among the members all who attend the meetings take lunch together, and that the lunch cost not more than half the price usual heretofore.

2nd. That the Sanitary Committee be authorized to issue a tract upon the best means for prevention and cure of cholera upon the first indication that it really threatens our State.

Signed, { E. M. HOWARD,  
FRANK NICHOLS,  
J. YOUNGLOVE.

Dr. RUSHMORE as Necrologist, reported the death of H. Crater, M. D., which occurred on the date of the last annual meeting.

In the absence of the Auditing Committee, Drs. Winans and Holmes were appointed to audit accounts of Treasurer.

#### BUREAUX.

*Practice.* J. Younglove read parts of an exhaustive paper on "The Relations which Mental States Bear to Bodily Diseases;" showing how correct are such terms as "bowed with grief," how natural and necessary the rapid respiration and erect bearing of pride, determination, etc.; the modus operandi of death from apoplexy due to fright. From these considerations he deduced the reasons for the prevalence of nervous diseases, especially as they occur in cities.

L. DENNIS discussed the paper relative to the causation of disease from nervous excitation, stating the wide place given it by students of pathology, both in the United States and Europe.

F. NICHOLS referred to "mind cures" as illustrating the action of mind over the body.

C. W. BUTLER said he thought "mind cures" were only made in those in whose minds alone the disease existed. Drs. Rushmore and Anderson illustrated this point by cases which had fallen under their own observation.

*Materia Medica.* C. W. Butler, of Montclair, read a paper on

"Repetition of the Dose," recommending a single dose of a high potency dry on the tongue, or if often repeated it should be given in water.

H. J. ANDERSON thought the tobacco smoke in the essayist's office had more to do with the cures than the high potency and sac. lac. E. Rushmore and T. B. J. Burd thought with the essayist high potencies in single doses the true medication, tobacco or no tobacco. Both these gentlemen related cases from practice and in their own families.

C. B. HOLMES would think more of high potencies or any potencies if he could see them cure his cases of chills and fever. He had tried hard study and single high-potency remedies and had sent a dozen cases to an eminent authority on high potencies without effect.

S. LONG never used quinine and had the reputation in his city of curing chills and fever.

J. E. WILSON deprecated the fact that some physicians say that, while much more busy after fifteen years practice than after five, they are far less successful and believed this due to routinism and lack of study and enthusiasm for individual cases. J. Winans thought the difference in opinion due to each one seeing only his own ray of truth, being unable to see another's.

Treasurer's report was received and audited as correct, a handsome sum remaining in the treasury.

Moved and carried that the next Semi-Annual Meeting be held at Atlantic City, October 5th, 1887, 11 A. M.

Adjourned.

The earnest discussion of the papers read consumed so much time that several were read by title only, they were: "Therapeutics in Diphtheria," S. L. Eaton; "Sketches of Clinical Cases," J. N. Lowe; "Suppurative Synovitis at Knee Operation," B. H. B. Sleght.

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## Correspondence.

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### BRIGHTON BEACH—ITS LESSON.

EDITOR HAHNEMANNIAN MONTHLY.

It was my fortune to have charge of the Bureau of Obstetrics at the rather famous session of the American Institute in 1881. I had learned by experience at Milwaukie the preceding year, while serving as temporary chairman of the same Bureau, that the position is not one of ease though all the necessary papers be ready at hand;



that under the most favorable circumstances a person must keep very wide awake if he desires his department to make any kind of appearance. Imagine then, if possible, my sentiments on discovering from a perusal of the programme that arrangements had been made for the Bureau of Obstetrics and Gynæcology to hold section meetings at the same hour. Equally brilliant groupings ornamented nearly every page of the pamphlet, notably that on which the Bureau of Surgery appeared. When on Tuesday morning, June 14, the Secretary presented the printed order of exercises and moved its adoption, I moved to amend by dropping my Bureau to a position with the Bureau of Surgery and raise the Bureau that was to hold its session synchronously with that (the Bureau of Ophthalmology, if I rightly remember,) to the prominent position I desired to vacate, for reasons that must be apparent to the most casual reader. I did not think to accomplish my desire but I did expect to make a point. The Secretary objected that any change in the programme would work serious confusion in the labors of the Institute, and besides there is an order of precedence which must be observed. Of course the motion was lost.

Observe now in the Secretary's remarks, a statement of theory and a statement of fact. Granted that at Milwaukie the Bureau reported in a given order and that at Brighton Beach each must be moved up one "that each one may come first in its turn in successive years;" was the Standing Resolution obeyed when the Bureau of Obstetrics and Gynæcology were assigned co-ordinate positions? Was it not the rather most flagrantly violated by appointing them to such a position that either chairman would gladly have dropped to Friday morning if he could thereby have freed himself from so ill conceived an alliance? And this is by no means a singular specimen of the match-making that characterized that anniversary.

It remains now but to inquire whether the work of the Institute would have been seriously disturbed if the change had been permitted and my Bureau been authorized to hold its meeting at the time I desired. Fortunately I am permitted to phrase the question somewhat differently: *Did* the synchronous sessions of the Bureaux of Surgery and Obstetrics impair in the slightest degree the harmony and usefulness of the meeting? On a certain morning at eight o'clock, Dr. H. E. Spalding, of Massachusetts, met me at the parlor door of the hotel (we had previously agreed to pool our interests) when we decided to hold our meeting at once in that room. The services of an official reporter were secured and we commenced operations. Dr. Spalding had but one or two papers that he cared to have read and at his

request I waived the right of precedence (whatever that may be) and he at once opened a session of *his* Bureau. The report of the discussion on the paper of the late Dr. Cornelius Ormes, covering well nigh ten pages of the Transactions, is sufficient proof of the character of that session. About fifteen minutes before the hour for calling the Institute to order he closed his Bureau and turned the chair over to me, the attendance at that moment comprising almost the entire Institute. The first obstetric paper was long but its introductory character necessitated its prior presentation. Its reading encroached upon the Society's time ten minutes and I shall never forget how anxiously I watched the commanding form of the President as he frequently appeared at the door only to disappear, and how after ascending the platform he busied himself three or four minutes until the paper was concluded. I have often thought his tardiness on that occasion was due to another cause than lack of preparation on his part and have felt correspondingly grateful. When the reading was finished I adjourned the session of the Bureau to three o'clock in that room. The President informed me that the parlor had been promised to the Bureau of Surgery for that hour. I simply changed my announcement to the effect that it would be held at that hour at such place as I should hereafter direct. The next two or three hours were spent in the vain endeavor to secure one of those elegant private parlors, said to have been engaged for the sectional meetings, but all had been taken for some other purpose. At three P. M., Professor Biggar, of Cleveland, called the Bureau of Surgery to order in the southeast corner of the parlor and I mine in the southwest. The balance of the obstetrical papers were read and the discussion followed which was continued so long as any one had aught to say. The physicians in attendance numbered upwards of forty. Frequently I would glance at the opposite corner to see how the surgeons were prospering; their number was somewhat in excess of ours and such was their interest none seemed to know other persons were within a mile of them. Moreover, I observed some half-dozen doctors who flitted between the borders of the sections. One of these gentleman informed me subsequently that he was very glad the two sectional meetings had been held as they were, for he was interested in both subjects and had gleaned from both fields. At the same time I cannot recommend a repetition of that experiment merely for a doubtful benefit to so inconsiderable a number.

This bit of history *proves* the falsity of the statement so oft repeated, that Brighton Beach demonstrated the futility of sectional



meetings, especially when it is coupled with the fact that four other Bureaus had equally successful sessions. (See Transactions.) If through somebody's blunder (and I care not to go behind the face of the returns and ask whose) related subjects were assigned to the same hour, the fault is to be charged to the management and not to the system. Until the technical work of the Institute is thus performed all demands for recognition as a scientific body are but the merest pretence.

A few comments on the purposes and methods of the Institute as indicated by its Constitution and By-laws may not prove out of place. Its object is declared to be "the improvement of homœopathic therapeutics and all other departments of medical science." How shall this be attained? "Not" as a distinguished ex-President has recently shown, "by furnishing elementary instruction" or the "presentation of treatises that should appear as monographs in book form," or the "reading of essays and articles that should reach the profession through its periodical literature," and therefore *not* by collecting "exhaustive papers which shall furnish a text-book showing all that might be new and important down to the time of writing;" *the rather* by presenting "reports and brief essays \* \* \* \* \* calculated to call out the observations and experiences of busy, thoughtful practitioners who never write books and seldom contribute to the pages of a journal." *But* these papers should possess authority (derived for example from the reputation of the author or from the character of the evidence presented,) dogmatic expression thereby sharply challenging discussion and above all the most careful and profound thought of their authors during the twelve-month preceding their presentation. Their subject-matter should *not* be what can be found in appropriate allopathic or in general scientific works, but the stability of accepted statements and dogmas when tested by the Law of Cure and the modifications of the so-called facts and traditional practices necessitated, or at least rendered desirable, by the effects of our improved therapeutics. It is worse than puerile for our able men, (by no means few,) to follow in the footsteps of any man however great, in any direction, however laudable in itself, when at his very door are inexhaustible mines belonging to his own estate and hitherto all unworked, whose opening will enrich the entire profession and secure unfading laurels for the toiler. Such work must be spontaneous and in a direction indicated by the previous studies and natural aptitudes of the laborer.

The By-laws direct that "each bureau in its annual report shall

present a resumé of discoveries and progress in its respective fields." Most properly this regulation has been more honored in the breach than in the observance. When every magazine, whether general or special, pretends to report each advance in medical knowledge, month by month it would be the most superfluous and unwarrantable supererogation for any society to compete in that work which is better done and more appropriately elsewhere. Moreover, few persons outside our college faculties are competent to undertake such a task and it is doubtful if any of those few would care to attempt it, for they must necessarily be sought among our wealthiest, and therefore our busiest associates. For remember that each abstractor must have perused carefully, at the very least, the entire current literature of the year, whether periodical or permanent, that is published in the English language and that is likely to refer at all to the department he represents. Also, he must be perfectly conversant with all previous literature in that field, else he cannot know the position held the year previous by his special art. All may not discover, but, some one will assuredly reveal the slightest mistake. He who craves an appointment to so delicate a task is welcome to it.

Equally wise are the exceptions frequently made to the rule that "No bureau shall submit for discussion any papers not relating to the special subject agreed upon at the beginning of the year." While this section accomplishes an excellent purpose, rigidly to enforce it would seriously fetter the progress and impair the efficiency of the Institute. In this connection it may be remarked that the "special subject" should be sufficiently broad to afford opportunity for a good general discussion and especially to relieve any member of the bureau from the necessity of serving up a re-hash of other writers.

The office of bureau-secretary is, or should be, a sinecure so far as any duties referred to in the By-laws are concerned. In order to attain the highest possible success each chairman must be in direct personal communication with each member of his bureau. The attempt to transmit instructions or receive reports through a third person, wastes valuable time and frequently occasions disaster. The only possible use for such an official is the preparation of the bureau report contemplated in the resolution at the foot of page 78 of the Transactions for 1886. No chairman, though he be a professional stenographer, could properly preside at a sectional meeting and prepare an abstract of its doings to read in general session. It does not seem possible that such an idea could have originated with one at all familiar with the work and needs of the Institute, for a considerable



portion of its valuable time must be frittered away, each member meanwhile being subjected to the insulting inuendo of possessing more than childish impatience in being unwilling to await the official report for information therein more broadly and more accurately given.

Faithfully yours,

GEO. B. PECK.

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A PULSATILLA HINT IN BRONCHIAL HEMORRHAGE.

SAN FRANCISCO, CAL., March 30, 1887.

EDITOR HAHNEMANNIAN MONTHLY:

The case of bronchial hemorrhage, so ably reported by my good friend, Dr. Robert N. Flagg, brought to my mind a sentence to be found under Pulsatilla in this very March number. Our late Dr. Farrington says there, page 132: "You will find in the chest a feeling of soreness, referred to either subclavicular region, to the apex of one or the other lung, soreness which is felt when the patient lies on that side or presses against the left chest. Although there may be no symptoms indicating the positive existence of tubercular infiltration, we find symptoms indicating the onset of the disease, especially as hæmoptæ may be associated with this soreness or passive congestion of the chest, dependent sometimes upon suppressed menstruation."

Flagg's case of hæmoptysis shows rather arterial bleeding, which speaks against pulsatilla and hamamelis; but as she was sleepless, relaxed, unable to retain the urine long at a time, little appetite, and under a severe mental strain, pulsatilla and rest (as my friend should have insisted upon, on the principles of Mitchell's treatment) might have acted as a prophylaxis and thus prevented the hemorrhage and the consequent phthisis. Not in a censorial way I send this note, and I apologize beforehand if necessary to do so; my aim is to point out the many valuable hints which can be found in the forthcoming clinical therapia of that master of materia medica, the late Prof. Farrington, a volume I consider by far the most instructive work on materia medica, incomplete and fragmentary as he left it to us; and thus, even after his departure, we may still reap the benefit of his teachings.

Fraternally,

S. LILIENTHAL.

## THE DECADENCE OF HOMŒOPATHY.

EDITOR HAHNEMANNIAN MONTHLY.

The following paragraph clipped from *The Medical and Surgical Reporter* furnishes another striking illustration of the astute logic of our allopathic friends :

We have the authority of the *Medical Record* that a prominent publisher of a regular medical book sells more books proportionately to the homœopaths than to regular physicians. The fact is but an addition to the accumulating evidence of decadence of homœopathy as a system of therapeutics. The number of consistent homœopaths whom the public regard as such is rapidly growing beautifully smaller, and the time is not far distant when only cranks and men who sail under the name as the pirate sails under the flag of an honest merchantman will fly the legends "Homœopathy" on their shingles.—*The Medical Age*.

Putting it in the form of a syllogism it would read thus : The purchase of "regular medical books" by homœopathists is an evidence of the decadence of homœopathy. Homœopaths confessedly do buy regular medical books. Therefore such purchases are "but an addition to the accumulating evidence of the decadence of homœopathy as a system of therapeutics."

Such aptitude in the use of the syllogistic method of reasoning in the days of Aristotle, who traced and analysed its principles and subjected it to laws, would have received the highest encomiums of that illustrious philosopher. By a parity of reasoning we can claim the decline of allopathy when without due credit it appropriates a long list of most reliable remedies and recommends their use according to the indications so lucidly pointed out in our works on therapeutics.

Be it understood, however, that homœopathy is the validity of our law of cure. We would not detract one iota from the great credit due to the dominant school for its achievements in the field of scientific research and investigation.

J. K. LEE.

*Philadelphia, May 20, 1887.*



## Editorial.

### THE APPROACHING SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Fortieth Session of the American Institute of Homœopathy will be held, and its Forty-fourth Anniversary celebrated, at Saratoga Springs, N. Y., June 27th to July 1st, inclusive, as already announced by the Secretary. The time of meeting may be, by some, regarded as unfortunate, as it falls upon a season when physicians are footing up accounts and sending out bills. The Executive Committee, however, did the best that could be done under the circumstances, as the huge caravansary in which the Institute meets, and which feeds and lodges its members and their friends, cannot be secured for such a purpose except during the week next preceding its opening for the regular summer season. Moreover, it is doubtful if, for Saratoga Springs, a more delightful portion of the year could be selected than the last week of June.

As to the location and accessibility of Saratoga, its attractions, hotel accommodations, etc., the only thing that need be said—the best thing that can be said—is that the Institute, after having met and been entertained there last year, voted by a large majority to meet there again this year—a compliment never paid to any meeting-place since the meetings of 1844 and 1845, both of which were held in New York city. In deciding to hold two successive sessions in the East, nearly all the voters of the Institute deferred to the expressed wishes of members from the Central and Western States, most of whom were heartily in favor of coming East to Saratoga again this year.

The Institute will, this year, inaugurate a second trial of the "sectional

plan" of holding meetings. This trial is to be made in accordance with a recommendation offered by President Runnels last year in his Annual Address. A committee has been holding the subject under consideration, and working to perfect the details as well as possible for a year past. It is to be hoped that the plan will give more general satisfaction than when it was tried at the Brighton Beach Meeting in 1881. It is likely, however, that it will require more than one session to enable the Institute to adapt itself comfortably to the changed order of things. It ought to be very thoroughly understood that the only thing likely to reconcile the Institute to the disadvantages of the sectional plan of meetings will be a *very marked improvement in the scientific discussions*. If this result is not secured, there will be a strong temptation to go back once more to the old method with its disadvantages. Hence, those who favor the sectional meetings and desire to see them perpetuated, may take this gentle hint. The new plan is not intended to encourage the presentation of more lengthy and more numerous book essays, but to secure more opportunity for making the Institute an "experience meeting."

It is not a day too early for the physician to decide whether or not he—or she—is going to attend the meeting. A good many decided that question ten months ago. The necessary preparation requires time. Papers for Bureau reports must be completed; committee work must receive its finishing touches; business must be adapted to the necessary absence from home; accounts must be made out; bills rendered; obstetric cases postponed; a substitute secured; the neighborhood canvassed

for new members; Drs. Blank and Dash urged personally to go along, and lots of other things we do not now recall.

The initiation fee has been reduced from five dollars to two. The annual dues are five dollars. Considering the value of the Institute membership, even not counting its volume of Transactions, these expenses are exceedingly moderate. And no physician who has any desire to place himself in co-operative accord with the great profession of which he forms a part can afford to remain outside the American Institute of Homœopathy. Let us this year have an increase in the membership equal to that secured at the Boston meeting in 1869. It ought to be much more easy to secure two hundred new members now than it was then. But, to do it, each member must constitute himself a committee of one for his own city, town, county or district.

#### A MISREPRESENTATION OF HAHNEMANN.

*The Boston Medical and Surgical Journal* with much evident complacency, quotes Jousset, of Paris, as declaring in his *Leçons de Clinique Médicale* that "Hahnemann and his pupils pretended that homœopathy was the whole of therapeutics, whereas it is but a part of therapeutics." He further quotes our French colleague as saying that "Homœopathy cannot take the place of palliative medication, nor of surgical medication" (whatever that is) "nor of antidotal medication, nor parasiticide medication," etc., etc. Then our allopathic contemporary tickles itself into the belief that "according to this authority, the homœopathy of to-day no longer affirms the mysterious potency of the globule, or the all-sufficiency of the doctrine of similars, but claims to be in the true sense of the word, eclectic."

There are two or three specimens of curious logic in the above quotation from the *Boston Journal*. We are gravely told, that because the doctrine of similars will not serve *all* the purposes of the physician, surgeon and obstetrician, therefore "the mysterious potency of the globule" is no longer affirmed. In other words, if "the globule" will not reduce a dislocation, pulverize a calculus, perform a craniotomy, or restore a person drowned, it no longer possesses the "potency" to cure its like,—the only "potency" that it ever claimed. That's the first specimen.

To appreciate the brilliancy of the second specimen, we turn to the dictionary and learn that an "eclectic" is "one who chooses what is good from all sects." Now the *Journal* tells us that the homœopaths, as represented—or misrepresented—by Jousset, have discovered that "homœopathy is but a part of therapeutics;" that hence they are compelled to resort to other means in certain cases, and that therefore they are "eclectics." Putting it in the form of a syllogism it would stand thus—An eclectic is one who makes a choice. The homœopath has no alternative and hence cannot make a choice. Therefore the homœopath is an eclectic. How it dazzles!

And this shows just what incorrect and absurd ideas are held by ninety per cent. of the physicians who use the term "eclectic" upon themselves by way of self-gratification, or upon their neighbors by way of reproach. According to these notions the physician whose practice is a sort of a higgledy-piggledy is forsooth an eclectic. The man who chooses between remedies is an eclectic, but the man who chooses between modes of selecting remedies is not. Fudge!

Choosing between modes of treatment presupposes a knowledge of the modes from which the choice is to be



made. The allopath calls himself an eclectic, yet he is densely ignorant of one prominent method of treating disease. His claim is therefore a pretence. The "eclectic school" of physicians, we think, contains numerous members who are almost equally unqualified to make choice between a homœopathic and an allopathic procedure. They are not *very well* informed on either mode. Many of them, as we believe, so far from making a personal selection from among the various modes of treating a given case, simply follow the examples of their college professors, or the teachings of their text-books. If that is eclecticism the dictionaries need revision.

But what about Hahnemann? Jousset says "Hahnemann and his pupils pretended that homœopathy was the whole of therapeutics." And we say that no matter what the "pupils" may or may not have done, may or may not be doing now—*Hahnemann himself never taught any such ridiculous nonsense.* He was not only a physician of education and experience, he was also a man of sense. He was *not* an idiot, Jousset to the contrary notwithstanding. The *Boston Medical and Surgical Journal*, by its criticisms of homœopathy, pretends to some knowledge of the subject, but an exceedingly limited amount of information would have been sufficient to guard it against the misstatements even of a homœopathic writer upon a point so thoroughly well understood by ninety-nine per cent. of Hahnemann's disciples.

#### TESTING THE CODE.

The *Pacific Record of Medicine and Surgery*, a monthly journal, established nine months ago in San Francisco, California, is making an experimental test of the ethical principles and practice of the allopathic physicians of the Pacific Coast. The *Record* announces itself, in

its belief, as strictly allopathic, yet holding that "bigotry of any kind in medicine shows only the littleness of the mind that still holds to it."

We observe that among the advertisements of the above-mentioned journal, there is a half-page devoted to the Hahnemann Medical College of San Francisco. And in the April number the editor complains because "the advertisement of an allopathic college must not be allowed in the same journal that published the homœopathic institution! '*O tempora, O mores!*'" It is readily inferred from this that the journal has had an unpleasant experience of some sort, which has not elevated its opinions respecting the professional *morale* of the Pacific Coast physicians. "Alas," says the editor, "for our confidence in the humanity of *the men* of our profession."

The editor speaks of more than one violation of true ethics by his confreres. "Not six months ago," he says, "a man who had proclaimed himself in every public journal from Oregon to Mexico as a violator of human and divine law, was received into the fold of legitimate (*sic*) medicine, by making a simple obeisance." \* \* \* "And yet a young struggling M. D. was arraigned before the Board (what Board? ED. H. M.) for printing his specialty on his professional card. Still another was refused his diploma for having an office in connection with a homœopath." \* \* \* "We recollect a time, long past, when knowledge, at least of some branch of medicine was considered necessary in a practicing physician, but for any body of men who choose to dub themselves professors, to arrogate to themselves all the knowledge and all the virtues in this nineteenth century of intellectual advancement, and to lay a ban upon gentlemen of an opposite faith, whose intellectual capacity and attainments may be superior to their own, is an ex-

hibition of stupidity almost unparalleled."

That astonished editor evidently got into his present troubles through just one mistake of his own. *He* thought the code of allopathic ethics was constructed for the conservation and improvement of professional morals, whereas it was intended originally to prevent physicians from practicing homœopathy, or, that failing, to prevent the public from employing homœopathic physicians. This very worthy object constituted the central thought of the committeemen who drafted the code and of the organization that appointed them. The remainder of the code seems to have been designed to impart a character of decency and respectability to the entire instrument and to cover up the real designs of the code-makers. If the *Pacific Record* doubts our statement, let it ask Dr. Henry G. Piffard, of New York, or let it consult that gentleman's articles in the *New York Medical Journal*, (April and May 1883). There are thousands of allopathic physicians who little dream of the moral turpitude that underlies the code of allopathic ethics and maintains its immoral feature to-day. But a journalist possessed of the evident acumen of the editor of the *Pacific Record* has little excuse for lack of information on such points. He has read the "Code of Ethics," he has the mental and moral calibre to take in and appreciate the utterly dishonorable nature of some of its features; he knows that allopathic societies and institutions endorse those features and yet he expects these societies to be governed and conducted on high moral principles! What right or what reason has he to presume upon such a thing? Their code forbids professional honesty, and they stand by the code. The moral sentiment of a profession never rises higher than the teachings of its code;

hence, in any question of professional morals, the editor of the *Record* ought to know just how much to expect of his own sect of physicians.

#### COLD COMFORT.

The allopathist, seeking for evidences of the decadence of homœopathy, waxes gleeful over facts such as would make ordinary mortals, under similar circumstances, wofully glum. Our correspondent, Dr. J. K. Lee, calls attention, on another page, to a recent allopathic attempt to extract consolation from the fact that homœopathists are buying allopathic books and reading them, and to argue with delicious logic that it indicates and fortells the decline of homœopathic therapeutics. Dr. Lee shows that the same sort of logic would prove with similar certainty that if homœopathy is declining among homœopathists is must be rapidly gaining strength among allopathists. Does a military chieftain derive any special comfort from the fact that his position and resources are being investigated by his opponent? We can well afford to let our antagonist comfort himself with such a delusion, but to us it seems much like going to bed in a snow-drift and trying to imagine it a couch of eider-down.

#### A CLINICAL MATERIA MEDICA.

We take pleasure in announcing that the lectures on materia medica delivered by the late Dr. Farrington have been arranged for publication and are now going through the press. The book which will bear the title of "A Clinical Materia Medica" will be ready to place in the hands of the profession by the first of October of this year. It will comprise studies of about one-hundred and fifty of our more commonly used remedies. Many of the more rarely used drugs will be mentioned in the comparisons, thus bringing the total



number of remedies considered up to three or four hundred. A characteristic feature of Dr. Farrington's lectures is the comparisons. The work is under the editorial charge of Dr. Clarence Bartlett of Philadelphia and has been carefully revised by Dr. S. Lilienthal of San Francisco.

Several of these lectures were published last year in the *HAHNEMANNIAN MONTHLY, North American Journal of Homoeopathy* and the *Monthly Homoeopathic Review*. Their popularity was well attested by the fact that they were copied liberally by French, German and Spanish journals. Farrington's Clinical Materia Medica will be rendered valuable for ready reference by an index which will have the completeness of a repertory.

#### THE PENNSYLVANIA STATE BOARD OF HEALTH.

Governor Beaver has re-appointed Dr. J. H. McClelland as a member of the State Board of Health and Vital Statistics of Pennsylvania, to serve for the ensuing six years. During the past two years in his official relation to the Board, Dr. McClelland has rendered most valuable and efficient service in several departments, and has become enthusiastically interested in the improvement of the sanitary condition of public and private schools, and of public institutions generally. His influence has also been strongly felt in the projected improvement of the water supply and sewerage systems of Pittsburgh and Allegheny City. Aside from the fact that Dr. McClelland happens to belong to the homoeopathic school of physicians, it is a cause for congratulation that the State Board is still to have the benefit of his wise counsel and energetic co-operation.

The Governor has also appointed on the Board, Mr. Howard Murphy, C. E., the former business associate of his predecessor, Mr. Rudolph Hering, C. E.,

whose duties in Chicago have necessitated his retirement from the board. Mr. Murphy is not only thoroughly acquainted with the views and plans of Mr. Hering, but is in hearty sympathy with them. His appointment, also, is an excellent one.

### Notes and Comments.

Billroth is seriously ill.

Medical Journals should be folded for mailing; not rolled.

A man 122 years old, died recently in a Russian almshouse.

Cocaine, as an intoxicant, is more dangerous than alcohol or opium.

The treatment of phthisis by gaseous enemata seems to be losing favor.

In whooping-cough, good nursing is more than half the battle.—*Keating*.

Women students are to be hereafter excluded from the German Universities.

Richard the Third and Louis Fourteenth, were both born with full sets of teeth.

The price of cocaine has fallen from \$1.25, its original price, to 1½ cents per grain.

During 1885 over eighty-one tons of quinine were consumed in the United States.

Habit is the best laxative upon which one can depend.—*Keating on The Hygiene of Gestation*.

An Arkansas woman recently had five children at one birth. Now let us hear from Chicago.

Two citizens of Montreal have given each a half million dollars to build and endow a hospital in that city.

The homoeopathic colleges of the United States have graduated 1,996 physicians in the past five years.

Gout is hepatic reversion, the formation of a quantity of primitive urine products by a mammalian liver.—*Fothergill*.

Twenty-one hospitals of New York city, with the aid of the dispensaries, treated over 122,000 people at an expense of over \$600,000 last year.

Two human skeletons have been found imbedded in solid rock in Arizona. Both were in a sitting posture, and are supposed to have been females.

There is no city charity that should receive more encouragement than that which gives river excursions to poor children.—Keating on *The Care of Children*.

The President has appointed Dr. Geo. M. Sternberg to investigate the subject of inoculation as a preventive in yellow fever, as recently practiced in Brazil and Mexico.

Painting the skin with tincture of benzoin is recommended in the treatment of chapped hands and frosted feet. It is also an excellent application in superficial burns.

The Emperor of China has four physicians, each of whom receives a weekly salary, stopping when he becomes sick; therefore his indisposition is never of long duration.

The latest estimate we have seen puts the number of physicians in the United States at 100,000, and the population at 60,000,000. This would give one doctor to every 600 people.

Seven million gallons of alcohol, it is said, is the amount used annually in this country in the preparation of medicines; equal to about a pint per capita, which is altogether too much.

"A movement is on hand in Paris to place all the hospitals and asylums, now controlled by religious bodies, in the hands of the municipal government." And what of those controlled by irreligious bodies?

M. Martineau of Paris, claims to have cured sixty-seven diabetic patients by a solution of carbonate of lithium and arsenate of sodium in aerated water, to be drank whenever the patient is thirsty.

The course of lectures at the Hahnemann Medical College of San Francisco opened the first Tuesday in May. Dr. Samuel Lilienthal, recently from New York, and Dr. Tisdale, of Alameda, were added to the faculty.

Dr. Formad, in a paper on analysis of two hundred and fifty autopsies on drunkards, considered the most conspicuous lesions to be cyanotic induration of the kidneys, fatty infiltration of the liver, and a mammillated stomach.

The chemist of the Massachusetts State Board of Health has recently analyzed a large number of so-called temperance drinks, and has found that all of them contain alcohol varying in quantity from 6.1 to 44.3 per cent.

An epidemic of trichinosis is at present prevailing in the province of Leeland, in Holland. Trichinosis being unknown in Holland up to the present time as an epidemic, the disease spread for some time before its true nature was ascertained.

Bromide of arsenic is said to be almost specific for acne, especially for the pustular form. Use one per cent. solution in alcohol, one to two minims in a little water two or three times a day. Hot water locally.

Surgeon Major Nathaniel Alcock, in the *Lancet*, says: "The explanations hitherto offered of the action of altitude upon phthisis amount to three—greater expansion of the chest from aerial rarefaction, absence of bacterial organisms from the air, and general tonic effect."

At the New York Surgical Society, Dr. Wyeth presented a patient from whom he had removed both parotids on account of round-celled sarcomata of those glands. The operation was followed by facial paralysis on both sides, more marked on the left.

Dr. J. E. Garretson says: "A full one-half of the young men who come to Philadelphia to study medicine should be turned face about and sent to a village school. The place to intercept incompetents is at the entrance of the medical schools, rather than at their exit."

Those lac caninum symptoms, so Dr. Haggert thinks in the *Counselor*, were many of them due to an experience with rheumatism, an attack of diphtheria and an accident to a gestation. A friend of ours asks "if Haggert's opinion of those 'provings' isn't a little too high?" The irreverent fellow!



THE Norwegian Government has taken another step towards discovering the origin and nature of leprosy, which is so common on the west coast of Norway, by despatching Dr. G. A. Hansen, Director of the Leprosy Hospital, at Bergen, to this country, for the purpose of inquiring into the heredity of the disease among Scandinavian emigrants to the United States.

Pollux and Hallux are the subjects of a discussion by Dr. A. J. Howe, in the *Eclectic Medical Journal* for May. The writer insists that Gray and other writers are wrong in using the former term for the great toe, and holds that the term "hallux" as employed by Owen and other writers on comparative anatomy is the correct designation.

Dr. Blaikie Smith reports a case in which the pulse-rate was 200 per minute. Some years ago we met with a pulse-rate of 216 per minute, which continued about two days; and quite recently another of 224 per minute. Auscultation demonstrated that the rapid rate was not due to diastolic murmurs. Both were infants suffering from intracranial effusion; one chronic, the other acute.

The immediate cure of whooping cough is claimed by Dr. Mohn (*Revue des Sc. Med.*) to be practicable by fumigating the patient's room, clothing, bedding, etc., with sulphurous acid. Two ounces of sulphur to each 100 feet of air space are burned in the chamber, and the patient is afterward allowed to re-occupy it. The paroxysms, the writer claims, are immediately relieved and often disappear permanently.

It used to be thought that plumbers bore a charmed life in the presence of sewer gases to which they are so frequently exposed, and this immunity from sickness has not been explained satisfactorily except on the supposition that the devil takes care of his own. Recently, however, a young workman died from the effects of exposure to sewer gases in Liverpool, England. But then he was only an apprentice.

Thomas Nichol, M. D., L. L. D., B. C. L. (Hahnemann Coll. of Phila., '57,) has just sent us a copy of his thesis "On the Laws of Blockade," presented to McGill University, Montreal, for the Degree of Doctor of Civil Law. We are happy to announce that Dr. Nichol

passed this degree on April 9. He is an indefatigable student and deserves all the honors and titles he has won, and they are many.

The Cleveland College has sustained a severe affliction in the death of young Professor Allen Y. Moore, M. D., which occurred April 16th, at the age of 27. Had his life been spared, there is reason to believe that he would speedily have stood at the head of American Microscopists. His success as a teacher of Histology had already endeared him to the pupils of the college and secured for him the profound respect of his colleagues.

Dr. S. C. Sanquirico in Sienna has experimented to determine whether fatally poisoned animals might be saved from the impending death, by injection, into the jugular vein, of indifferent fluids in a quantity corresponding to 8 per cent. of the bodily weight which causes a sudden increase in the urinary secretion and with it a rapid elimination of the poison is effected. The poisonous substances used by him were alcohol, strychnine, and aconitine. In every case the fatal end was prevented.

Dr. E. Hasbrouck in his paper on Obstetrical Memoranda and Experiences, mentions the Indian method of resuscitation of still-born infants, introduced to the profession by Dr. Meisner of Chicago. It consists in placing an apparently dead infant upon a warm woollen blanket, and removing it as far from the body of the mother as the unsevered umbilical cord will permit. The mother is then requested to take a few deep inspirations. It is claimed that with every such inspiration the child will open its mouth, gasp and soon begin to breathe.

Atkinson in *Cosmos*, says: "Ridicule has no part in fraternity. We can only reach the highest grade by treating all earnest men with respect, and by pooling our issues, and not finding fault with new propositions before examining them. If you turn a man round and eye him with suspicion, will you elevate him? But if you give respectful consideration to every earnest and honest effort, it will not be long before you will find there is something in every man that is worthy to be taken hold of and utilized for the general good."

## New Publications.

PUBLICATION OF THE MASSACHUSETTS HOM-  
EOPATHIC MEDICAL SOCIETY. 1886. Vol.  
IX. Published by the Committee on  
Publication.

The proceedings of the Forty-sixth an-  
nual meeting held April 14, 1886; a  
special meeting, on account of the death  
of the Hon. Otis Clapp, held Sept. 21,  
1886; and the semi-annual meeting held  
Oct. 13, 1886, are embraced in this vol-  
ume.

Many good papers were presented at  
these meetings, among which may be  
mentioned: The President's Address, by  
Dr. C. L. Nichols, of Worcester, on the  
subject of "Medical Restrictions in Mass-  
achusetts; the oration, "Our Heritage,"  
by Dr. H. P. Bellows, of Boston; "Ozone:  
Its Relation to Health," by Dr. E. U.  
Jones, of Taunton; "Transplantation of  
a Large Flap of Skin from the Flank to  
the Fore-arm," by Dr. H. Packard, of  
Boston; "A Few Practical Remarks upon  
Cancer of the Breast," by Dr. James B.  
Bell, of Boston.

The Massachusetts Medical Society al-  
ways does good work as its papers show.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY  
AND PATHOGENESIS. By Ernst Ziegler.  
Translated and edited for English stu-  
dents by Donald Macalister, M. A.,  
M. D. Three parts complete in one  
volume, Octavo, 1118 pages, 289 illus-  
trations. Price, extra muslin, \$5.50;  
sheep, \$6.50. New York: William  
Wood & Company.

The German original of this interesting  
work is by Dr. Ernst Ziegler, Professor of  
Pathological Anatomy in the University  
of Tübingen. For the English translation  
before us we are indebted to Dr. Donald  
Macalister. Fellow and medical lecturer  
of St. John's College, Cambridge, Eng-  
land.

It treats exhaustively of general and  
special Pathological Anatomy. Under  
the first heading the following subjects  
are considered: Anomalies of Distribu-  
tion of the blood and lymph; Distur-  
bances of Nutrition; Inflammation and  
Tumors. In defining inflammation the  
author says: "the whole content of the  
term cannot be fully indicated without  
describing the processes to which the  
term is applied. From the time of Cel-  
sus, *i. e.*, from the first century A. D., four  
cardinal symptoms of inflammation have  
been recognized: namely, rubor, tumor,  
dolor, calor, or redness, swelling, pain  
and heat. To these we may generally  
add a fifth, the *functio læsa*, *i. e.*, impair-

ment or arrest of function of the inflamed  
part."

Under special Pathological Anatomy  
the various pathological conditions of the  
organs and tissues are fully described.  
For instance, to the diseases of the Respir-  
atory organs, ninety-three pages are de-  
voted; in these we find a detailed ac-  
count of the various laryngeal, bronchial,  
and pulmonary affections. This same  
thoroughness of description is character-  
istic of the space devoted to the other  
organs, and the different subjects are fur-  
ther elucidated by plentiful and excel-  
lent illustrations.

The typography is very good, and the  
book as a whole is one that will prove it-  
self a valuable addition to any physician's  
library.

EARTH AS A TOPICAL APPLICATION IN SUR-  
GERY. By Addinell Hewson, M. D.,  
Philadelphia: The Medical Register  
Co. 1887. Pp. 309.

This is the second edition of this little  
work; the first appeared in 1872. It con-  
tains an account of ninety-three cases of  
wounds, burns, ulcers, etc., treated in the  
Surgical Wards of the Pennsylvania  
Hospital, in 1869, by the topical appli-  
cation of dry earth.

The results of this treatment seem to  
have been most satisfactory; the earth  
applied direct to the wound had a cool-  
ing and soothing effect, relieved the pain,  
acted as a deodorizer and exerted a  
marked influence over the inflamma-  
tion, putrefaction and healing process.

The earth consisted of the yellow sub-  
soil, common in Philadelphia and vicini-  
ty, "rich in ferruginous clay, and en-  
tirely free from all sand, grit, or foreign  
matter," having been well dried and  
sifted through a fine flour sieve.

The book has four illustrations of cases  
treated, reproduced from photographs  
taken during the course of treat-  
ment, and consequently are very accu-  
rate representations of the conditions.

B. W. J.

## Gleanings.

Irritations Arising from the Visual  
Apparatus in the Etiology of  
Neuroses.

Dr. Geo. T. Stevens maintains, by  
reason of his experience with over five  
thousand cases of nervous disease, that  
in constitutions predisposed to neurotic  
disturbances, disorders of the visual  
apparatus may give rise to the most  
serious disturbance, even to epilepsy



and insanity; and especially does he consider difficulties attending the functions of accommodation and of adjusting the eyes in the act of vision or irritation arising from the nerves involved in these morbid processes among the most prolific causes of nervous disturbance. He illustrates his remarks by reporting numerous cases in which results, in some almost miraculous, were obtained. The condition which will, above all others, give rise to these troubles is "*hyperphoria*." This term he applies in the absence of any other, to express a tendency less than strabismus of a visual line in a direction above its fellow. Thus "right hyperphoria" signifies that the visual line of the right eye bends in a direction above the direction of the visual line in the left, without implying that the line to which it applies is too high, but that it is higher than the other, without indicating which may be at fault. The author's methods of examination and treatment of these cases are important. The methods of determination of muscular anomalies taught by Græfe, Horner, and Nagle, can not be most successfully employed in the work directed to these nervous disorders.

The head being exactly in the primary position, the patient directs the eyes to an object preferably a lighted candle, situated at twenty feet and directly in the median line. Diplopia is then produced by means of prisms. First of all and the order of making the various tests is important, homonymous diplopia is induced by placing the prism with its base inwards. Double images appearing, if one is seen to be higher than the other, it is to be ascertained what degree of prism with its base up or down will bring the two to the same plane. A difference of one-half or even one-third of a degree in this direction, is of much importance. When the determination is made, it is, if a difference in plane is found, recorded as right or left hyperphoria. A prism of 6° or 7°, or of higher grade if necessary, is then placed in the trial frame with its base exactly down or up, and tests similar to those described by Græfe for the dot-and-line method are made. The deviation of the images from a vertical line, if a deviation exists, is determined by the degree of prism required to correct, and also the

full degree of correction which will be tolerated. The result is recorded as esophoria or exophoria. Beginning next with a moderately high grade (8° or 9°), it is placed with the base in and the patient is required to tell whether diplopia is caused. If so a weaker glass is used until he can blend the images, and the result is recorded as the amount of abducting power. The abducting power is next to be tried, which may require the use of several prisms. Dr. Stevens has adopted as his stand of adduction, 50° and of abduction, 8°. Two or three degrees less than the latter is an unfavorable condition, and more tends to the suspicion of insufficiency of the recti. Of the anomalies found by these examinations, Dr. Stevens regards hyperphoria as the greatest in importance. Here a single degree of deviation from the equilibrium may be a source of perplexity.

By way of treatment, the author discourages the use of prismatic spectacles as neither satisfactory nor successful. He advocates an operation which consists in making a small opening through the conjunctiva, exactly over the insertion of the tendon, when the tendon is seized by extremely fine forceps, and divided in each direction, preserving the extreme outer fibres, or, at least, the reflection of the capsule of Tenon which serves as an auxiliary attachment.—*N. Y. Medical Journal*, April 16, 1887.

#### Treatment of Aneurism by the Introduction of Wire and Electrolysis.

About a year ago, Barwell proposed that internal aneurism be treated by the introduction of fine steel wire into the sac and electrolysis, the positive pole of the battery being attached to the wire and the negative applied to an indifferent portion of the body. Dr. Abbe of New York has tried this effort in one case and although he met with an unfavorable result, he regards the operation as a valuable one. In his conclusions, he says that we need many accurate scientific observations before we can speak definitely of the value of Barwell's method. One may say that Moore's treatment, by simply placing wire in the sac, has not yet been tried in any case that was not already hopeless and in the last days of life. The same may be said of Barwell's, yet the evidence warrants a continuance of its

trial. It is not a coincidence that cases show a decided amelioration of symptoms. It has been proved that there is a deposition of clot sometimes so abundant as to cure. The fine wire is so yielding that it may be compressed by the aneurismal contraction into a small fraction of its bulk, without exerting much expansile reaction against the wall, and it is probable that an hour's electrolysis so far weakens it as well as roughens its surfaces that it is quite prepared for the deposition of the clot and shrinkage of the sac. The operation is not in itself perilous; no deaths have occurred from its performance. The subsequent much-desired inflammation of the sac was easily kept under control by ice-bags in every case.—*Medical News*, April 9, 1887.

#### Medico-legal Significance of Internal Hæmorrhage in New-born Infants.

Stadfeldt has collected all the cases of death from internal hæmorrhages among new-born infants which have occurred in the Copenhagen lying-in hospital. Two of them are of especial interest, the children having been delivered by operative means, which were attended by copious cerebral hæmorrhages. In one, version was employed; in the other, the forceps. In the first case, the child was asphyxiated when born, but lived until the following day. The autopsy showed that the lungs were insufficiently expanded with air, ecchymoses in the serous covering of the thoracic organs, and extensive hæmorrhage in the lower part of the cerebral membranes. The child which was delivered with forceps, and whose navel-string was twisted around him, was found dead in his bed on the fourth day. At the autopsy, a clot, as large as a walnut, was found in the pia mater. At the base of the left frontal lobe, and at the base of the brain, there was about a teaspoonful of fluid blood. There were no ecchymoses; there was no atelectasis. With these cerebral hæmorrhages, we occasionally see symptoms of cerebral pressure, etc. Hæmorrhage into the kidneys was found, in the author's search among 25,000 cases, only twice. In both of these cases, version had been performed with great difficulty. In neither of them was the renal hæmorrhage associated with fracture of the vertebræ, though this accident occurred

five times in connection with difficult extraction by the feet. In his search, the author also found reports of two cases of difficult extraction in which the liver was ruptured.—*Archives of Pediatrics*, March, 1887.

#### Increase of Tendon Reflexes in Peripheral Neuritis.

Strümpell and Mobius, relying upon their observations in some undoubted cases of multiple neuritis, controvert the assertion that in that condition, the tendon reflexes are diminished or absent. In their cases, the reflex of the tendons of the muscles of the thigh and arm and shoulder-blade are exceedingly active. The skin reflexes were of about the normal intensity. On the cure of the nerve inflammation, the reflexes became less active.—*N. Y. Medical Journal*, April 9, 1887.

#### Syphilitic Reinfection.

Dr. Rabitsch-Bey, of Cairo, gives, in the *Wiener Med. Wochen*, No. 42, 1886, four cases which he considers instances of reinfection of syphilis. He says that, with other analogous clinical experiences, the proposition that man can acquire syphilis more than once does not disagree. If, then, this is a chronic infectious disease, it must, according to experience, often, after a longer or a shorter time, become eliminated from the system. Just as with other virus diseases: malaria, typhus, variola, which being cured, the individual becomes capable, nevertheless, of reinfection at an earlier or later period; so it is with syphilis. The facts warrant acceptance of this view. The question is asked: When is the system of a syphilitic susceptible of reinfection? (1.) If the former syphilis is entirely eliminated from the system? Or, can (2) a second fresh syphilis be inoculated upon a first? Or, (3), is the system at any given time during the late evolution of the disease ripe for reinfection? The first question is answered by what precedes. In regard to the second, the researches of Ricord give us a positive answer. In his work of 1836, he says: "Le chancre en reparation, inocule sur le porteur, donne toujours un résultat négatif." As none of his auto-inoculations from true chancres succeeded, we must conclude from these experiments that the syphilitic virus is not inoculable in one who bears the



initial lesion of syphilis. I must here oppose the objection that now and then two or more initial lesions are found coincidently upon the same individual, of which, at the proper time, I will give instance. This condition is, however, the result of a single infection, and to be considered as due to the absorption of the virus at several points at the same time, just as in vaccination six pustules can develop at once, but if a single inoculation of the virus has been successfully made, after a few days no further inoculation will succeed. The vaccination pustule and the induration of chancre are the expressions of the saturation of the system with pock or syphilis virus. This proposition is sufficiently proven and universally known to need no further comment. It remains still to examine into the question of whether in any of the later periods of the evolution of syphilis the patient becomes capable of being again infected.

Ricord refers to the case of an old soldier who had suffered from an inveterate attack of syphilis which had defied all treatment. The soldier became infected with a fresh syphilis, and was then cured of both old and new syphilis by another course of treatment. We are not informed what period of evolution the original syphilis had reached when the new was contracted. The author himself gives a case from his history book, in which in January, 1885, a patient had a chancre on the left side of the frenulum, followed by secondary manifestations, and in March, 1886, a new chancre on the right side, followed by roseola. The man died six months later of pneumonia. He does not comment upon the case, leaving it to each reader to draw his own conclusions. He urges further investigations and record of observations that this important question of reinfection may be finally settled.

#### Distance-Sutures of Tendons and Nerves, and some Applications of Animal Grafts.

This suture consists in connecting, by long suture-threads, the two ends of parts, the apposition of which is unobtainable. The first suture of this kind was made by Benjamin Auger for the tendon of the extensor minimi digiti; the two ends were 9 cm. apart, but

traction reduced the distance to 2 cm., and he connected them by a silver suture with a satisfactory result. Gluck substituted catgut in two cases with satisfaction. With M. Fargin, Assaky has applied distance sutures; the tendons regenerated along the threads are always stronger than those spontaneously regenerated; the number of tendinous fasciculi is greater. This operation is clearly indicated whenever apposition is impossible; it is more particularly applicable to tendons without a sheath.

They also made experiments upon the application of distance sutures to nerves. They interposed between the two ends of the divided nerves, fragments of tendon, muscle, and spinal cord. The mechanical condition had great influence in the regeneration of nerve tissues; catgut gave the best result; silk threads remained indefinitely in place without taking part in the nerve regeneration. In every case examined microscopically, the cicatrix contained connective tissue, but also a great quantity of nerve fibres. This operation then seems to be indicated when the apposition of the two ends of the divided nerve is impossible, and also after certain surgical operations, the ablation of a neuroma, for example.

It was shown by their experiments that tendon may be grafted to animals of the same species and of different classes. These facts have already been applied to man twice. M. Peyrot has obtained in one case the transplantation of a dog's tendon, and in another a cat's tendon. All attempts at nerve grafting completely failed. In certain cases there was no elimination, but it could be ascertained that the transplanted nerve-tissue did not enter into the regeneration.—*Annals of Surgery*, April, 1887.

#### The Significance of Uric Acid Deposits in the Urine.

Dr. Johannes Mygge, while chief of Prof. Trier's clinic in Copenhagen, having repeatedly remarked abundant and persistent deposits of uric acid coinciding or alternating with albuminuria, carried out a series of examinations on the urine of the 272 male patients under his supervision. Of 3287 urines examined, 2786 from 127 patients were entirely free from uric acid deposits, while they were found in 501 specimens from

105 patients, but only in any considerable quantity in 262 specimens from 59 patients. In 43 of these last patients the deposits were of a transitory character, that is, they were only observed once or twice; while in the remaining sixteen they were found to persist for a week or more. Deposits, both of a transient and of a permanent character, were found, especially in rheumatic affections, whether of an acute or chronic form. Transient deposits were found also in pneumonia in 11 cases out of 25. In 27 out of the 59 patients in which uric deposits were observed, albuminuria was also present in appreciable quantity, and in many of the rest there was a doubtful trace noted. Dr. Mygge's observations confirm Dr. Dickinson's statement that deposits of uric acid of a transitory character frequently coincide with the suppression of acute albuminuria. In the majority of cases where the deposit was examined microscopically, casts or tubal epithelium cells were found, indicating that some connection probably exists between uric acid deposits and functional renal disorder. In some instances, it may be supposed that a peculiar condition of urine, especially its super-saturation by uric acid or an increase in its acidity, has irritated the epithelium of the tubes, and has thus set up a renal lesion. In others, the latter condition doubtless precedes the precipitation of uric acid, and here Esbach's theory of the precipitation of uric acid, being due to the existence of morphological elements in the urine, may afford an explanation.—*Therapeutic Gazette*, April 15, 1887.

#### Treatment of Tubal Fœtation by Galvano-Puncture.

Dr. Percy Boulton reports the case of a patient æt 24 years, eight weeks pregnant. The uterus was found to be to the left of the mesial line of the pelvis, the os rather patulous and soft, the uterine cavity, three inches long. To the right of the uterus and at least one inch separated from it, was a circumscribed, globular, somewhat elastic tumor, as big as a goose's egg. It was tender on pressure and was well defined and movable. The temperature taken in the vagina was subnormal. The breasts showed evidence of recent pregnancy. The previous month, she

thought that she had miscarried and there had been more or less flow ever since. In the course of a week, the tumor increased in size. Then in consultation with Mr. Thornton, the tumor was decided to be a tubal pregnancy. For its relief, electrolysis was decided upon. The patient was anæsthetized. The vagina having been thoroughly douched, three curved needles were passed by the vagina into the tumor. The needles were new, prepared especially for the operation. Except an inch and a half for insertion into the tumor, they were insulated by a thick coating of shellac; moreover to protect the vagina, they were wrapped round with a strip of lint. The needles were connected with the positive pole of the battery, thirty cells being used. The negative pole was brushed over the left thigh for six minutes. The needles were a little difficult to extract, owing to roughening of the points and deposit on and about them during the process. For the first four and a half days, the patient had no bad symptoms. Then the temperature rose and there was tenderness with inflammatory fixing of the tumor, and died three weeks later. A *post-mortem* was not allowed but from the last vaginal examination made, Mr. Boulton concluded that suppuration had occurred with rupture into the peritoneum. In a future case, the author would prefer the daily use of the Faradic current for several days as applied by Dr. Braxton Hick; and this failing, to resort to adominal section further on.—*British Medical Journal*, April 30, 1887.

#### An Easy Method for Constructing a Galvanic Battery.

At a recent meeting of the Philadelphia County Society, Dr. G. Betton Massey described a galvanic cell devised by himself for use in a permanent office or cabinet battery. Its chief advantages are the cheapness of the materials used, its freedom from local action and creeping salts, and the long intervals it will run without being touched. It consists of a zinc rod, such as is sold for use in the Leclanche cell, clasped by rubber bands to a carbon rod, and resting in a saturated solution of chloride of ammonium and bichromate of potassium, in simple water. The carbon rod is one of those used in



the arc lights, and like the zincs is both plentiful and cheap, one carbon rod broken in half will serve for two cells. The containing jar is an ounce quinine bottle, such as is sold by Powers & Weightman. Before attaching the wires to the carbons by winding and twisting, by the pin and hole arrangement, the tops of the carbons must be treated with boiling paraffine to prevent interstitial creeping. The elements are kept about half an inch apart by blocks of soft rubber. The permanence of the cure is greatly improved by greasing the inside of the necks of the bottles and severing each with a piece of thin rubber to prevent evaporation. Sixty cells give a strong and reliable battery. The electro-motive force of each cell is one volt. The total cost of the materials is twelve cents per cell.—*Cincinnati Lancet-Clinic*, May 7, 1887.

#### **Euphorbia Peplus, a Good Throat Remedy.**

On several occasions, Dr. J. Compton Burnett got a sore throat from chewing the leaves of the *Euphorbia peplus*. Since then, he has applied the drug in practice several times, in cases of simple inflammation of the throat with swelling and painful deglutition.—*Homœopathic World*, April 1, 1887.

#### **Hydrastis Canadensis in Ear Disease.**

Dr. Robert Cooper reports a case of deafness from ulceration in both ears in which he used hydrastis. Hydrastis<sup>3\*</sup> was given internally, and a lotion of five drops of hydrastis to a drachm each of glycerine and water. The history pointed to there having been discharges from the right ear as a child and in the left for more than four years. After four months, there was considerable benefit, and no more trouble was experienced until three months later, when the discharge returned after much pain, as a result of bathing.

What was particularly noticeable in the case, however, was the number of warts on the patient's right hand. They caused her much pain and inconvenience especially at night and when shaking hands. The warts were on the posterior aspect and sides of the first phalanges of the middle, ring and little fingers, and besides these, there were a number of corns on the feet and a large

wart on the side of the great right toe. *Ferrum picr.*<sup>3\*</sup>, one drop in three doses every day was given, and in three weeks the warts had entirely disappeared from the hands and the smaller corns from the feet. The *picrate of iron* causes a feeling as if a wart were forming on the outer side of the first phalanx of the right thumb as well as upon the corresponding great toe; and this was Dr. Cooper's reason for prescribing the remedy. Numbers of times have patients taking picrate of iron remarked to him concerning a noticeable alleviation of the pains of corns on the feet.—*Homœopathic World*, April 1, 1887.

#### **Hydrocele Teated by Injections of Corrosive Sublimate.**

An aqueous solution of one to one thousand of the bichloride of mercury, used in the same way that tincture of iodine has been employed in the treatment of hydrocele has been advocated by Sarrazin. It is aseptic, although it acts as an irritant and causes slight pain; inflammatory reaction ensues and adhesion takes place.—*Phila. Medical Times*, April 16, 1887.

#### **Pepsin and Trypsin in Urine.**

Dr. Vasilevski recently undertook some observations on the urine of twenty-four patients suffering from various diseases, in order to confirm the statement made by Brücke, Grützner, Salili and others as to the constant existence of pepsin and trypsin in urinary constituents. He found that in both healthy and diseased states, pepsin in greater or less quantity was always present. The smallest quantity was found in persons who were badly nourished, the state of nutrition having apparently more influence than the nature of the diseases. The least quantity of pepsin was found in the urine of a patient with pulmonary phthisis four days before death, and in that of another who suffered from carcinoma of the pylorus. In this case, the pepsin was greater in amount when the pylorus was pervious and less when it was impassable, and the patient vomited matter in a high state of fermentation. A high body temperature appeared to lessen the pepsin. In three cases in which the urine contained albumen, the quantity of pepsin co-existing with it appeared to be much the same as might

have been expected from the state of the patient's nutrition, if there had been no albuminuria. In regard to tripsin, Dr. Vasilevski was unable to obtain definite results.—*N. Y. Med. Abstract*, March, 1887.

#### Cocaine in Labor and Gynecological Cases.

Dr. Geo. H. R. Dabbs tabulates his experience with cocaine in obstetrical and gynecological cases as follows:

1. He obtained equally good results from a 6 per cent. solution as from a 12 per cent. solution of the hydrochlorate, but in dry labors, he now always uses a 4 per cent. solution of the alkaloid itself in castor oil. Into the thin parchment-like os, he puts a cocaine-saturated plug of cotton wool, which he renews every half hour until dilatation takes place.

2. In cases in which the labor progresses so slowly that some assistance is needed and yet the cocaine need not as yet be deposited in favor of chloroform. He then makes use of ergot also. The form in which he uses this latter drug is as a hypodermic combination of sclerotic acid gr.  $\frac{1}{6}$ , and bimeconate of morphine, gr.  $\frac{3}{4}$ . By this means he has been able to secure a certain degree more of uterine action, and by the employment of the cocaine locally, dilatation of the os takes place painlessly.

3. But of all uses for cocaine in connection with first labors, he has obtained the most gratifying results from the application of a 12 per cent. solution to the vulva and inside of the vagina during the slow progress of a case of marked perineal rigidity.

4. Dr. Dabbs' observation lead him to conclude that it is chiefly in primiparous (slow) labors, that cocaine is of use (notably in breech cases), or in any case possibly in which the os dilates slowly and the perineal rigidity is well marked.

5. In cases in which the os has to be dilated by tents, he has soaked and partly enlarged the tents in a hot oleaginous solution of the alkaloid, before introducing them with considerable success; and in cases of tender and irritable vaginæ, in which for any reason the speculum has to be used, he has adopted the practice with great advantage of previously painting the vaginal walls with the solution of cocaine in

castor oil before alluded to.—*British Med. Journal*, April 30, 1887.

#### Contribution to the Study of Diagnosis in Venereal Chancres.

Dr. Paul Thiery has made a study of venereal sores in the Midi Hospital in Paris and published his observations in *Le Progrès Medical*. He says that of all the signs which have been given as characteristic of one or the other form of chancre, no one is in reality pathognomonic. The signs have a real value only in their coexistence and this is what he attempts to show in examining them one by one. These signs he considers under the headings:

*Uncertain*.—Frequency, site and number.

*Probable*.—Early development of the lesion, aspect of the chancre, form, purulent secretion, characters of the adenopathy.

*Certain*.—Previous syphilis, induration, inoculation.

1. *Frequency* gives little aid in diagnosis. The best authorities are not agreed upon the relative frequency with which hard and soft chancres occur. Fournier gives 215 simple chancres out of 341 cases observed, while Cullerier gives 250 hard chancres, 143 soft and 21 doubtful, out of 414 cases observed at the Midi Hospital. The author's observations agree with the latter result.

2. *Situation* has a value only in special cases. Cephalic chancre is always syphilitic (unless produced by experimental inoculation). Upon the genitals, chancre at the frænum is often of the soft variety; that of the meatus and neighboring portion of the canal, indurated.

3. *Number*.—Syphilitic contact can produce inoculation at several points before general infection is manifest. Fournier found out of 456 patients examined, 241 who presented a single sore, and 115 who had multiple syphilitic chancres, and he cites an exceptional case of a patient with nineteen syphilitic chancres. The author found in fifteen cases of syphilis taken at random, nine with single sores, three having two each, two showing three, and one presenting seven well-marked primary sores.

The probable signs are all objective, save the first.

1. *The time passed between the first appearance of the lesion and suspected contact*.



This furnishes an excellent sign when the history is trustworthy. The infecting chancre rarely appears before the fifteenth day, and ordinarily from the twenty-fifth to the thirtieth, but at times, much later. The soft chancre on the contrary, appears from the second to the sixth, and very rarely (one could almost say never) after the tenth day.

2. *Appearance of chancre.* The syphilitic chancre does not suppurate, while the soft chancre gives rise to an abundant flow of pus. The infecting chancre has a dark red color and a varnished-over appearance which is peculiar to it. These signs are not constant, for the subpreputial syphilitic chancre may provoke a balanoposthitis and an abundant secretion. The simple chancre freed from the pus which it secretes and pressed between the fingers, exudes a lymphoid and at times, sanguinolent fluid, which, however, is less abundant than in the syphilitic variety; but the variety of chancre called pultaceous could readily lead into error.

3. *Aspect of the borders and form of chancre.* Symmetry is the characteristic of the infecting chancre, the borders are usually regular and the form circular. The two halves match exactly when the sore occurs in the balanopreputial furrow. This at times elevated above the surface, but in other cases slightly excavated. The borders are never undermined, irregular or ragged, and having a red edge as is the case in simple chancre.

Here certainly are signs which are clearly defined. The undermined condition of the borders, the worm-eaten appearance of the base, and the red border, are valuable elements in diagnosis, but how often are these characteristics doubtful, how many chancres present hybrid characters or signs of the two diseases so associated as to make diagnosis difficult.

4. *Adenopathy in syphilis* is usually bilateral, multiple, non-inflammatory, not painful, but indurated, and there is no tendency to suppuration. In simple chancre, there is either no adenopathy or it is monoganglionic, ordinarily superficial, with marked tendency to suppuration, or at least there are inflammatory and painful phenomena. According to the author's observations, syphilitic bubo suppurates in from 1

per cent. to 2 per cent. of the cases, but is due to the entrance of septic agents through the sore, which here acts as a simple wound.

As regards *certain signs*, there is one which to-day is undoubted. Syphilitic chancre does not recur, at least not during the first years which follow the primary infection. Every chancre then which appears in a syphilitic is a simple chancre. Previous syphilis is, however, often very difficult to establish.

*Induration* is either absent in simple chancre or exists as inflammatory induration of the base of the sore. Certain syphilitic chancres, however, have no induration. In four cases the author observed there was absolutely no induration, although a roseola proved that infection had taken place. Small, soft chancres of the sulcus may at a certain period of their evolution become surrounded by a sort of indurated cushion.

*Inoculation* is without doubt the proof par excellence of the nature of the chancre, either when it occurs from contact with an opposing surface, as upon the contiguous surface of the prepuce, or the internal surface of the thigh opposite the sore on the penis; or when it is produced by the physician as a means of diagnosis.

After this rapid examination and somewhat superficial view of the characters of venereal ulcers, the author formulates the following proposition: "The chancre has no characteristics which are truly pathognomonic (excepting inoculation,) and the diagnosis rests upon the occurrence of a certain number of signs which have no absolute value excepting by their co-existence."

During the past year, two authors, Balzer, of Paris, and Leloir, of Lille, have published their researches undertaken with a view of clearing up the uncertainty surrounding this subject. Their method is founded on the observation that syphilitic chancre, purely erosive, extends upon the surface without destroying the tissues, while the corrosive *chancrelle*, as they term the lesion, extends deep down into the tissues of the skin, destroying its elastic network; and it is precisely upon the discovery of elastic fibres in the products of secretion of the chancre, that their method rests.

When the signs of chancre are obscure and inoculation is impossible, Balzer says, substantially: "We study the products of secretion of the different ulcerations which the case resembles, to arrive at a diagnosis. If pus alone is found, it is a case of herpes; if there is pus and epithelial cells, we have to do with a syphilitic chancre; if elastic fibres exist in addition, the lesion is a soft chancre. This procedure has succeeded in the fourteen cases in which I have employed it."

The method of examination consists in gently scraping the surface of the lesion with a blunt instrument and spreading out evenly upon a glass slide, the secretions removed, just as in bacteriological examinations. The preparation may then be rapidly passed through the flame of an alcohol lamp. It is then placed for two or three minutes in a saturated alcoholic solution of rosin. It is then dipped into a 40 per cent. solution of caustic potash for half a minute and washed with distilled water, allowed to dry and mounted in glycerine. A microscope giving three or four hundred diameters is sufficient for the examination. The elastic fibres are tangled up, resembling a bunch of vermicelli.

The author concludes:

1. If elastic fibres are found in the preparation, the lesion may be either a simple or a syphilitic chancre, but never a herpes. A positive result should favor the diagnosis of simple chancre.

2. If no elastic fibres are found, the examination should be repeated to remove all sources of error. If they still are absent, the lesion may be one of herpes, or it may be a syphilitic chancre (proving the histological examination exact); or it may be a simple chancre (an histological error being present). Cases are relatively rare where simple chancre does not show elastic fibres.

No sign as yet is absolutely and constantly demonstrative, and oftentimes, we must await the roseola to pronounce positively the nature of a given lesion. —*Journal of Cutaneous and Venereal Diseases*, May, 1887.

#### TELEPATHIC REMEDIES.

At a recent meeting of the Biological Society, Mr. Luys gave the results of his researches on the effects of telepathic remedies in hypnotised subjects.

His researches confirm those on the same subject communicated last year to the Congress of Grenoble by M. M. Burot and Bomru. They may be summarized as follows:

1. Hypnotised subjects acquire a special hyper-excitability, in consequence of which they react in a particular manner when certain substances are vegetable, produce various effects on the organism, such as convulsions, motor and sensory paralysis, hallucinations, etc.
2. The effects, both bodily and psychical, differ according to the point of contact, and according to the side experimented upon.
3. M. Luys exhibited a series of photographs of a hypnotised subject, which showed that a substance, when presented on the right side of the patient, caused expressions of emotion of a nature altogether different from those produced when it was presented on the left side. Thus, when the substance was presented on one side, joy, gaiety and laughter were produced; whilst on the other side it caused fear, and in certain cases the most violent terror. In one case, on placing ipecacuanha near the patient, nausea and vomiting were produced; and when the substance was held in front of the thyroid body, a series of strange phenomena was observed, namely, the facial expression characteristic of exophthalmic goitre, swelling of the thyroid, cyanosis, and congestion of the face, sudden expression of terror, and prominence of the eyeballs. These physical conditions appeared or disappeared according as the tube containing the medicinal agent was brought near or taken away. The neck instantly became swollen, as if by the application of a cupping-glass, to such a degree that a neck which measured 31 centimetres in its normal state measured 36 centimetres after the application of the tube. The photograph of the patient, taken while in this state, gives a good idea of the alteration of his physiognomy when compared with the photograph taken in the normal state. Respiration often becomes difficult, and the heart-beats are hurried. In such cases certain substance which have an effect on the thoracic viscera should be handled with great circumspection.

5. The method of operating consists in placing a small quantity (one or two grammes at most) of the substance to



be experimented with into a tube, which is then hermetically sealed, and placed near the back of the neck of the hypnotised subject without speaking to him. The tube is placed on the left or on the right side, and, after a short time,—usually about five minutes—the subject enters into a state of lucid somnambulism; it is at this moment that the action of the substance is displayed.

6. These experiments show the possibility of a new method of treating diseases of the nervous system, which M. Luys has, in fact, already tried with success in the case of two patients, who for several years had suffered from hystero-epileptic convulsions. In these cases both the intensity and the frequency of the attacks were decidedly lessened.—*British Medical Journal*, Mar. 12, 1887.

## News, Etc.

DR. PHIL PORTER, of Detroit, Mich., has been appointed Professor of Gynecology, in Pulte Medical College, of Cincinnati. Pulte College is to be congratulated on having secured so valuable an addition to its corps of teachers.

DR. FOOTE'S "HOME" has been removed from Stamford, Conn., to Marlborough, N. Y.

DR. CHAS. DEADY has returned from the South with restored health and has resumed practice at 11 E. 29th street, New York City. He will devote his attention to diseases of the eye and ear exclusively.

DR. C. E. CHASE has removed from 134½ Park avenue, to 225 Genesee St., Utica, N. Y.

DR. J. W. DOWLING has removed from 313 Madison avenue, to 6 E. 43rd street, New York.

DR. GEO. T. PARKE has removed from 1406 to 1521 Spruce St. Philadelphia.

DR. E. R. SNADER has removed to 121 N. 11th St., Phila.

UNIVERSITY OF NEBRASKA.—The regents of the University of Nebraska have discontinued the medical department, so we have from date one less

medical college in the United States, both in our school and in the allopathic.

HOMŒOPATHIC MEDICAL SOCIETY OF KINGS CO., N. Y.—At the 30th annual meeting of the Homœopathic Medical Society of the county of Kings, held May 10th, 1887, the following officers were elected for the ensuing year: President, J. L. Moffat, M. D.; Vice President, W. C. Latimer, M. D.; Secretary, H. D. Schenck, M. D.; Treasurer, H. M. Smith, M. D.; Necrologist, Elizabeth M. Clarke, M. D.; Censors, E. Hasbrouck, M. D., H. Minton, M. D., H. M. Lewis, M. D., W. M. Butler, M. D., E. Chapin, M. D.

Interesting addresses were made by Prof. T. F. Allen, M. D., of New York, and by the retiring President, J. L. Moffat, M. D.

CAMDEN, N. J. HOMŒOPATHIC HOSPITAL.—The following is a summary of the work done in the above-mentioned hospital and dispensary for the years 1885 and 1886.

New cases in dispensary.....	1,968
Number of prescriptions.....	3,448
Surgical cases treated in hospital.....	253
Medical cases.....	27
Operations performed.....	128
Surgical dressings.....	1,888
Medical prescriptions.....	548
Number of cases of all kinds treated.....	3,092
Number of prescriptions.....	9,616
Patients visited by city physicians.....	824
Number of visits made.....	3,703

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.—The following is a summary of the work done in this hospital during the past year:

Number in Hospital, Dec. 31, 1885.....	35
" admitted during 1886.....	390
" treated during 1886.....	425
" remaining in Hospital, Dec. 31, 1886.....	42
Number of days Hospital was open....	365
Average No. of patients during year....	42
Whole No. of days patients treated.....	15,685
Average No. of days each patient was treated.....	36
Number of paying patients.....	292
" " free ".....	143
" " partial paying patients.....	29
" " days of paying patients.....	8,029
Average No. of days of each paying patient.....	30
No. of days of free patients.....	6,476
Average No. of days of each free patient.....	45
No. of days of partial paying patients.....	1,110
Average No. of days of partial paying patients.....	55
No. of days this class were treated free.....	286
Total expenses of Hospital for the year.....	\$23,162 97
Average cost of patients per day.....	1 50

The total number of medical cases was 165. Of these, 68 were cured, 55 im-

proved, 10 not improved, 2 not treated, 13 died and 17 remain in the hospital.

Of the 260 surgical cases, 195 had operations performed on them, 170 were cured, 43 improved, 4 not improved, 13 not treated, 5 died and 25 remain in the hospital.

**MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.**—The following are the officers of this Society for 1887-88.: President H. P. Hemenway, M. D., East Somerville; Vice Presidents, J. W. Hayward, M. D., Taunton; Chas. H. Walker, M. D., Chelsea; Corresponding Secretary, J. W. Clapp, M. D., Brookline; Recording Secretary, F. B. Percy, M. D., Brookline; Treasurer, Herbert C. Clapp, M. D., Boston; Censors, Walter Wesselhoeft, M. D., Cambridge; H. F. Spalding, M. D., Hingham; I. T. Talbot, M. D., Boston; E. P. Colby, M. D., Wakefield; H. P. Bellows, M. D., Auburndale.

**THE ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY** held at the Lindell Hotel, St. Louis, April 26 and 27, was a very satisfactory one. Judging from the newspaper accounts of the meeting, the papers were of a high order of excellence. One of them is published in the present issue of this journal.

"Dr. S. B. Parsons, of St. Louis, was elected president; Dr. F. F. Cassidy, of Kansas City, vice-president; Dr. Moses T. Runnels, of Kansas City, secretary, Dr. L. J. Olmstead, of Kansas City, treasurer; Dr. H. W. Westover, of St. Louis, treasurer, and Dr. C. J. Luyties, of St. Louis, permanent stenographer. It was decided to hold the next meeting at Kansas City, at a date to be determined by the Board of Censors.

The 18th annual meeting of the Hahnemann Medical Association of Iowa was held in Des Moines May 24, 25, 26th. There was a better attendance than at previous meetings. The papers were excellent and the discussions animated, free and instructive. The Society seems to have received new life and its prospects are brighter than ever. The expression "This is a genuine homœopathic meeting" was heard many times. All branches of the profession received attention as did also our pharmacies for whose benefit the following resolution was unanimously adopted.

*Resolved,* That this Association depre-

cates the action of our homœopathic pharmacists in turning their pharmacies into general manufactories of all classes of drugs and combinations of the same. Also in causing a lack of confidence in their preparations by palming off upon the profession tinctures and dilutions made from the dry plant as being made from recent importations of the green plant. And that we resent as an insult the attempts to teach the profession *materia medica* by sending out circulars assuming to give us the action and use of drugs for specific purposes.

The following officers were chosen: President, C. H. Cogswell, M. D., Cedar Rapids; Vice-president, A. P. Hanchett, M. D., Council Bluffs; Secretary, Geo. Royal, M. D., Des Moines; Treasurer, S. E. Nixon, M. D., Burlington; University Committee, J. E. King, M. D., Eldora; B. Banton, M. D., Waterloo; and Fred. Becker, M. D., Clermont.

## Obituary.

**PHILIP JOSEPH LANGER, M. D.**, died at his residence in Philadelphia, May 9th, 1887, of phthisis pulmonalis; aged 45 years. He was a graduate of Hahnemann College, Philadelphia, of the class of '83. During the late rebellion he was the youngest commissioned officer in the United States Navy and participated in no less than thirty-eight engagements. He resigned in 1872 within three months of the time when he would have been placed on the retired list. At the naval battle at Mobile Bay he was thrown to the deck and covered with debris by a shell which demolished the bridge upon which he had been standing, but he at once resumed his post of duty and was applauded by Farragut for his conspicuous bravery. Dr. Langer was a Christian gentleman, a member of the Reformed Episcopal Church.

**JOSEPH H. WARRINGTON, M. D.**, of Atlantic City, N. J., died recently at the age of 54. He was quite a proficient in chemistry and previous to his graduation at Hahnemann College in 1877, has acted as assistant to Professor Stephens in that department. He was never engaged actively in medical practice.



THE  
HAHNEMANNIAN  
MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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No. 7.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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Original Department.

SYMPTOMATOLOGY VS. PATHOLOGY.

BY GEO. B. PECK, A. M., M. D., Providence, R. I.

(Read before the Rhode Island Homœopathic Medical Society.)

Doubtless all of you will agree that "the first duty of the physician is to be found in removing and annihilating disease by the shortest, safest and most certain means, upon principles that are at once plain and intelligible." (Hahnemann.) But what is disease? Dunglison, the advisor of every practitioner, says: (1873) "an opposite state to that of health," though every one knows experimentally that constipation is the opposite of diarrhœa, and that the pathological conditions indicated by each are frequently directly antagonistic while no valetudinarian sighs for either. Pepper (1885) affirms that it represents the result of a series of processes called morbid or pathological." Ask the undertaker if that is what *he* terms the several objects of his care! More wisely, Reynolds declares (1879) it "is the sum total of morbid changes in both function and structure," but rashly goes on to remark that to the physician it "is something more than a group of symptoms, it is that which makes the group!" I am so glad to know that while I am observing the antics of a bacillus tuberculosis, or anthracis, or of a micrococcus under suitable objectives I am watching the progress of a real, true, live disease. Thomas, however, (1886) representing the

most advanced thought of the dominant school of medicine, is content to say that it "is any departure from the state of health." Still he has not attained greater wisdom, in this direction at least, than John Brown, (not Ossawottamie) possessed more than a century ago when he declared "Good health consists in a pleasant, easy and exact use of all the functions, and bad health consists in an uneasy, difficult, or disturbed exercise of all or any of the functions." Even that poor deluded visionary Samuel Hahnemann, seems early to have beheld some faint glimmerings of the dawning truth, for more than three quarters of a century have elapsed since he affirmed "the unprejudiced observer perceives in each individual affection nothing but changes of the state of the body and mind (traces of disease, casualties, symptoms) that are discoverable by the senses alone—that is to say, deviations from the former sound state of health, which are felt by the patient himself, remarked by the individuals around him, and observed by the physician." This return of modern savants to the teachings of their fathers affords yet another illustration of the general pertinency of a famous criticism that should be heeded by men of every name, but more especially by physicians. "What is new is not true and what is true is not new."

Conceding now a possible claim that all the authorities quoted intended to say what Thomas has fortunately expressed and that the dominant school of medicine will, in its entirety and so promptly as its dignity will permit, accept this principle, which has characterized the acts and the teachings of the new school from its very incipency, the principle that "disease which is in itself merely a deviation from the standard of health, may be said to exist when the functions of the body are appreciably disturbed or when the structural integrity of an organ is impaired." (Arndt.) Let us next inquire how these abnormalities are to be rectified. Pepper informs us that "for the purposes of the medical practitioner *all* professional studies unite to the end of furnishing preparation for the diagnosis and treatment of diseases and accordingly anatomy and physiology, chemistry and microscopy, not less than materia medica are recognized by all educated physicians as important contributors to the health and happiness of the human race." Concerning pathology, however, the case is somewhat different. Since that ancient day when armed with but scanty medicaments, she reigned absolute and undisputed monarch of physical ailments her realm has been ruthlessly invaded and her territory partitioned until now scarcely a sixth part remains that she can even *call* her own. Whence this loss of prestige and of power?



History teaches us that the dismemberment of a kingdom is frequently due to the weakness and incapacity of its sovereign. The present instance adds but another to a long list of illustrations that might be cited. For what is Pathology? We will listen to and accept the statements of her most devoted champions. Pepper says she is "simply morbid Physiology, that is, the study of the body and its functions in states of disorder from morbid conditions." More concisely Thomas declares it is "the doctrine or consideration of diseases," to which, Reynolds adds exogetically "the knowledge of the conditions under which it occurs, and of the kind of change which it expresses in the function of the body. By the pathology of a disease we mean the scientific classification and nomenclature of its phenomena and the *interpretation of the conditions* under which it has arisen. If now on the one hand it falls within the province of Physiology to determine the number of ounces of albuminoids, hydrocarbons, etcetera, that are required to maintain the working force of the human machine for a given length of time, which is by no means conceded (the selection and preparation of specific articles of food certainly pertains to a department of knowledge completely distinct) *pari passu* the *utmost* that can be expected of Pathology—morbid Physiology—is to indicate the amount and kind of fuel that is required when that machine is out of order! Has she ever resolutely grappled with that problem? On the other hand if she simply represents "the scientific classification and nomenclature of (morbid) phenomena and the interpretation of the conditions under which (they) have arisen" what knowledge can she possibly possess of the means of removing the aforesaid phenomena? Has any opportunity been afforded for obtaining information in those premises? Has any one directed her attention to the importance of that information?

That knowledge is power is universally recognized as a truism. The converse proposition, Ignorance is weakness, is equally accurate. And this ignorance on the part of pathology is confessed by her most zealous adherents, an ignorance not accidental and temporary but inherent and abiding. One of the most brilliant names found in the medical annals of the Old Bay State has told us within a year that "when we have a perfect knowledge of the structure of the human body, of the exact function of every nerve, muscle and other organ, and of their relations to disease; when we know the exact nature of every drug, of its effect upon the human frame, both in health and disease, and can surely trace every effect to a certain cause; finally, when we fully understand the part which personal idiosyncrasy plays

in our treatment of diseases, then, and then only, can we *begin to hope* to construct a positive science of medicine." (I marvel that gentleman ever completed his college course; for how could he consistently have listened to the professors of astronomy, physics, chemistry, and geology when neither of them could demonstrate the constitution of light, heat, electricity and matter, or the historic accuracy of the nebular hypothesis?) Most properly therefore he assigns the date of its creation as the day after the resurrection for he prefaces his remark with the sweeping assertion that "until we, as erring human beings, become possessed of supernatural powers the construction of a positive science of medicine is a thing devoutly to be wished for, but an absolute impossibility." In this statement he is supported by a name possessing even greater authority—Flint—who declares that "Therapeutical principles can never become unchangeably fixed until the utmost limits of attainable pathological knowledge are reached, and nothing further remains to be ascertained by experience." Pathology then will remain an unreliable guide until the last trumpet shall have sounded and the entire race takes its abode where medicaments are not required or where they naught avail. More pointed still is the iteration of the same truth (though in a somewhat different form) by a greater than either, the elder Rokitansky, to a patient anxiously seeking relief; "It is the duty of the present generation of physicians to discover what ails a man; it is left for the next generation to learn how to cure him." What comfort in these words to suffering humanity!

Let us pause for a moment to ascertain just what Pathology has accomplished that we may render her a just meed of praise. A careful inspection of Zeimssen's Cyclopædia, than which is no higher authority in the natural (?) history of disease, reveals the fact that of 862 general diseases and abnormal conditions (that is those obnoxious to either sex) 79 cannot be diagnosed by the most skilled experts and 100 with extreme difficulty only, whatever be their stage at the time of investigation. But only an inconsiderable number of the profession possess the sagacity of specialists. Hence the general statement may be made without fear of successful contradiction that it is simply *impossible* for general practitioners to *diagnose* many more than *one half* of the morbid conditions liable to be presented to them at any instant for treatment, and though the "Regular Physician" is ever ready to announce with solemn asser-vations the nomenclature of the disorder immediately before him, acknowledging himself disgraced if he fails to do so, neither he nor any other intelligent man has any certain opinion concerning the pathological condition of one quarter of the people for whom he pre-



scribes\*. And yet upon the behests of such a Pathology depends the health and lives of three fourths of our own citizens and of nine tenths of the denizens of the civilized world! Such to most is the value of the boasted experience of centuries!!

But I hear some one remark "the microscope has done wonders for Pathology and has established her kingdom on immovable foundations." Oh, yes: I remember! It was the red corpuscle that was *demonstrated* to be the cause of disease; then the white; next the third corpuscle and now the ptomaines. What will it be to-morrow? The germs of disease have indeed been isolated but unfortunately the drugs that slay them kill their victims even more surely. The wisdom of yesterday is *proved* to be folly to-day. We are assured by the authorities just cited, not to mention countless others, that to-day's wisdom will meet no better fate on the morrow. Deery me not therefore if I prefer to anticipate the verdict of futurity and seek another and a better leader.

Among the satraps governing the few provinces left to Pathology one there is, modest and unassuming, faithful and enduring, diligent ever in the performance of her own duty and prompt in forwarding all revenues to the coffers of her official superior utterly unmindful of their subsequent prodigal waste. From the first weak beginnings of the kingdom she has carefully and loyally managed the affairs of her own department that she might make the utmost possible returns to her sovereign; she has availed herself in their collection of each new instrumentality as it has appeared and to-day more certainly than ever before is it true that the power and life of that kingdom depend almost exclusively upon the successful achievements of that ignored and almost unknown governess. Is there need to ask her name? Is it not already upon your lips? Yes; it is Symptomatology. Let her but assume that position to which she is justly entitled and into which, despite her unassuming habit, she is being rapidly forced by the irresistible course of events and the relations of master and servant will be reversed, theories will become subservient to facts, the Baconian philosophy reign in medicine as absolutely as in other departments of

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\* In corroboration of this statement two familiar facts of circumstantial evidence may be adduced: First, the reciprocally contemptuous feeling always existing between two physicians confessedly peers when they fail of agreement at a consultation. This cannot be destroyed (though it may be hidden by the exercise of principle or of professional courtesy) and inevitably results in gratulation or chagrin as the termination of the case throws light on the diagnosis. Second, the numerous cures (I use that word advisedly and in the sense of removal of pathological condition by remedial means) constantly effected when no diagnosis has been formulated.

science and the healing art attain victories beside which the conquests of the last half century will be dwarfed into the merest insignificance.

While others may have granted some passing recognition of the services of Symptomatology Hahnemann was the first fully to recognize her worth and to conform his actions to her behests. He first declared "that the ensemble of available signs represents, in its full extent, the disease itself—that is, they constitute the true and only form of it which the mind is capable to conceive or prove by any experience, after the cure of the whole of the symptoms of a disease, together with all its perceptible changes, that there remains or possibly can remain in any other than a healthy state, or that the morbid alteration which has taken place in the interior of the economy has not been annihilated" and then demonstrated the truth of those assertions by his own works and by those of his professional posterity. He first recognized the inherent, *divine* right of her queenship and to her service gave *himself* as the highest homage he could render. In part he has received his reward but millions yet unborn will rise to bless the name of Hahnemann for his inestimable service to mankind. For how had, how *does* Pathology receive the gathered treasures of her laborious subordinate? The greater part are thrown aside as merest dust while the balance are squandered on beautiful creations that do not withstand the storms and erosions of a single decade. Already as she feels the throne quivering beneath her she is summoning her faithful adherents to collect and utilize her wasted riches; but it is all too late! Already she sees upon her palace wall the fateful words, "Mene; Mene; Tekel; Upharsin," already she hears the mighty thunderings of a last invading host and soon, aye soon, her empire will exist in history only.

I have already portrayed the wisdom of Pathology at date; what report has her rival to present? Beside providing the entire life and vitality of her nominal monarch's reign she has established the incalculable worth of *all* her treasures. She has shown that the neglect of *any* jeopardizes the healing art. She has proved that whether we adopt *Cetera ceteris*, *Contraria contrariis*, *Similia similibus* or any other conceivable principle in a given prescription a far more intimate knowledge of the patient is necessary than had hitherto been dreamed of. She has demonstrated that a thorough acquaintance of the effects of drugs upon healthy organisms is essential to their intelligent use in sickness, whatever be the manner in which we elect to use that knowledge, and furthermore has provided the necessary information. These statements cannot be gainsaid. To them I will add another, to my mind equally irrefragable: she has demonstrated *Similia similibus* to



be the best method for the selection of medicaments in that it affords the quickest, surest, safest means yet devised for restoring the sick to health.

A glance at the records of pathological and symptomatic prescribers will manifest still more clearly the difference in the remedial force at the disposal of the respective classes of physicians. While forty drugs are more than sufficient to fill the prescriptions sent to a first-class pharmacy and an eminent member of the dominant school affirmed in my own home he could get along very nicely with only three, the symptomatologist that keeps not a hundred remedies constantly in hand, with at least an equal number in his cabinet to meet occasional demands, is a routinist and by his acts contradicts his profession. "Raue's Therapeutics" which has successfully maintained its position as a college text-book for nearly a score of years among those who recognize the importance of symptomatology, in its third edition, gives indications for 425 drugs while the corresponding work, so highly vaunted by pathologists, with four or five special treatises by different authors added to cover as nearly as possible identical pathological ground mentions only 286 whether for internal or external use. A "regular" treatise on the ear, numbering more than 400 pages, mentions but 31 internal remedies and less than 55 external applications, while a "Clinical Otology" by a symptomatologist, indicates the relation to that organ of the greater part of the entire materia medica, which contains upwards of six hundred drugs. Furthermore a gentleman who assures us that he gives the very best "Treatment of the Diseases of Women," by the leading authorities in the pathological school, can refer us to but two drugs that have any particular action on the ovaries, solely to ergot for checking accidental and postpartum hemorrhages, to Cannabis indica and gallic acid for menorrhagia and to belladonna and asafoetida (which alone possess local power of the five mentioned) for the relief of dysmenorrhœa, while the symptomatologist can readily refer to thirty remedies which are useful in ovaritis and more than thrice that number that are available for each of the manifold forms of menstrual disorder. And these are the respective positions of the parties when the pathologists are re-echoing the cry—Individualize your cases!

But why should I multiply statistics, seeing they are so distasteful to the pathological school? To three practical lessons will I refer in closing. And first, the facts I have spread before you exhibit with utmost distinctness the astounding folly of those who, having once beheld truth, return to the worship of an acknowledged false god.

Let us charitably suppose that their heads are dazed by the thundering reverberations of the vociferous shoutings heard on every hand of "Great is our Diana! Great is our Diana!" from those who, like Demetrius of old, feel that their craft is endangered by the preaching of a more excellent way. Like the Boston savant, with their lips these affirm "one fact is worth more than a thousand theories," and by their acts more loudly proclaim "all theories save one are better than a thousand facts; better the childlike vagaries of an inexperienced practitioner than the consentaneous thought of hundreds of veterans persistent for more than three quarters of a century and based upon untold millions of experimental tests!" Cajoled by such declarations as are to be found in Ziemssen, "When the diagnosis is clear the treatment is plain," the befooled doctor readily lapses into the well-worn ruts utterly oblivious of the fact that each day's experience gives the direct lie to that statement. While "a familiarity with it (pathology) is of great importance to the therapist who must thereby be governed largely \* \* \* in forecasting the future of his cases" (Dake) he who depends thereon for his treatment will suffer, though he may not expect, frequent disappointments. The utmost it can do is to confer upon the conscientious physician a certain quiet peace of mind that is, to one familiar with the laws of cure, the unfailing companion of well-founded diagnosis. Thus is he enabled to prescribe with equanimity, to estimate correctly the effect of his remedies and to appease the curiosity of friends who are more anxious for a sonorous appellation to the disorder than for an unpretending cure. This is all that Pathology can do for any of us!

Secondly, we learn that works executed under the guidance of symptomatology are abiding. She deals exclusively with facts, and so long as like causes produce like effects, so long as the constitution of matter remains unchanged, so long will her acquisitions and her teachings abide. As it was in the beginning so it is now and so it will ever be till time shall be no more, despite multitudinous changes of nomenclature and of theory, of tongue and of language. Our Boston teacher would arouse our envy by recounting certain illustrious names. While I recognize the eminent service those gentlemen have rendered diagnostics and surgery (which last by the way in ancient days was justly termed *Opprobrium Medicorum*, but now is apparently considered *Honor Medicorum*) *their contributions to the healing art are at best, by his own admission, of no permanent value.* They builded on the shifting sands and their word as physicians is doomed to certain, speedy and complete destruction.



Finally we discover the *only method* by which we can contribute to the progress of our profession—by developing to the utmost, symptomatology, whether pertaining to the sick or to the action of drugs. Let nothing slip that we already possess but, utilizing each arm of precision that shall be introduced, pursue to the utmost limit and in every direction each investigation. With the discovery of new facts, new but subordinate principles will be formulated around which these shall crystallize with harmonious blending until at length our art shall rival every other in the grace and symmetry of its outlines and our new-found but heaven-born queen shall receive from every heart that homage and that obedience her celestial origin demands.

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### ANTIPYRIN IN FEVER.

BY J. HEBER SMITH, M. D., BOSTON.

(Transactions of Mass. Hom. Med. Society.)

We can but view with interest the pains-taking experimentation by the physiological school of therapeutists, led by such men as Professors Knorr, Fischer, and his assistant Filehne, of Germany, in the trial of certain carbon compounds called antipyretics, in fever; and a brief statement of the clinical results thus far obtained, and of the most approved methods employed, may interest this Society, which has set itself free, as I understand its amended Constitution, to know every thing that promises to be useful to humanity in the whole wide range of medicine.

Permit me to call your attention, in the beginning, to the circumstance that the physicians of the so-called advanced, or rationalistic school, who reject with indignant protest the appellation by Hahnemann of "allopathists," are notwithstanding, with seeming inconsistency, striving to combat high temperature in fever with compounds from the laboratory, the anti-thermic powers of which are due to their property of being able to produce rapid and oftentimes inconvenient and even dangerous chill. Of these compounds, resorcin, among the first to be abandoned shortly after its introduction on account of its action in inducing severe rigor and alarming visceral and pulmonary congestions, needs only be mentioned in passing. Its rejection by the French physicians, who principally affected it, was found necessary, not only for these disadvantages, but also because its action as an antipyretic was so rapidly followed by a rise in temperature notwithstanding the profuse perspiration which it causes, and not seldom also adynamia and other alarming symptoms of poisoning by phenic and

carbolic acid. The fever-stricken, under its use, perished in a sort of collapse.

Another antipyretic, abandoned for similar causes, was kairin, a hydrochlorate of oxyethyl-chinoline hydride. It proved a powerful anti-thermic; but its bad behavior led to the prosecution of a further search in the same direction, in the expectation of finding some other and safer agent among the carbon compounds for combatting allopathically the thermal perils of typhoid-fever.

The reports from Germany and France upon all these coal-tar derivatives so demonstrated their resemblance to quinine in their antipyretic action, that they were one after another adopted for experimental use by American physicians in the public hospitals, to be rejected one after another, for the reasons already specified. It was also found, with disappointment, that, notwithstanding their demonstrable anti-thermic properties, they yet signally failed in anti-periodic action in malarial conditions, thus leaving the experimenter to look forward with a certain dread to the recurrence of an approaching and consuming pyrexia more dangerous than the first. Against this periodicity of fever, no better resource has been found than their old ally, quinine.

Professor Knorr of Erlangen, and one of his assistants, succeeded in obtaining a synthetically prepared alkaloid, called antipyrin, a derivative of quinolin, of remarkable anti-thermic properties, and first subjected to clinical tests by Filehne, a laboratory assistant to Professor Fischer, the discoverer of kairin.

But from the time when antipyrin was first introduced into hospital and private practice in this country in 1884, until the present, hospital and private reports upon its use in fever have appeared in American journals from time to time, embracing well-arranged statistics which challenge our candid attention. These are accessible to every practitioner who is not so sectarian as to confine his medical reading to the publications of his own school. It is not intended to present, in this brief sketch, any thing save a mere summary of the general results.

Had antipyrin no other claim for favor, its reputed hæmostatic effect, said to be superior to that of ergotine and per-chloride of iron, particularly in hæmoptysis, would bring it into favorable and perhaps permanent use, if ever there can be anything permanent in medicine.

Antipyrin is a white powder of a sweetish taste, and readily soluble in water. It is seldom rejected by the stomach; but if it is to be



given in heroic doses, a proceeding not thought necessary by many, it is recommended to be added to a little wine and water, or some simple aromatic. The dose recommended by recent authorities is thirty grains, hourly, for three hours. For children, a grain and a half for every year of the child's age may be given hourly for three hours. If it causes vomiting, it may be dissolved in half its weight of hot water, and injected subcutaneously.

It is credited at all hands with reducing the temperature from one to three or four degrees for a period of time varying from one to twenty-four hours, and without any rigor, as a rule, such as is so apt to accompany the use of kairin, and especially of that more subtle, active, and less-understood anti-thermic, thallin.

It causes profuse perspiration. It is said by Brunton to slightly increase the blood-pressure. It is not known to have any pronounced action on the respiration. It is excreted in the urine. Its use, even in such enormous doses as one hundred and more grains in three hours, has rarely been attended with collapse.

Its exhibition in considerable doses has been not unfrequently followed by a somewhat variable eruption resembling that of measles, occasioning no inconvenience, and generally disappearing during the continued use of the remedy.

The fall in temperature ordinarily begins to show itself in about an hour after giving the medicine, reaching its maximum in from three to five hours, and continuing as a general rule about eight hours, though sometimes lasting twice as long, and in some instances even twenty-four hours. Brunton fixes the term of its apyrexia at from one to twenty-four hours. In this free interval the delirium and wakefulness of fever often give place to sweet sleep, and the patient expresses himself as gratefully relieved.

It is not claimed that antipyrin modifies the course of disease, and assuredly of typhoid-fever. It is to be hoped that not even the more ardent of our number, sanguine and bristling with college honors, or basking in the mellow retrospect of amber petrification, presume to "break up" typhoid-fevers.

During the past year a former student of mine, a graduate of the Boston school, Dr. E. W. Keith, as a resident physician in the great Cook-County Hospital of Chicago (containing about eight hundred beds), has had ample opportunity for watching the action of the antipyretics; and he has written me very favorable reports of the use of antipyrin in both typhoid and intermittent fever. The doctor writes that it is there often used with success in breaking "chills and fever"

that have resisted the skill of our best homœopathic physicians. But in this class of cases its administration is always preceded some six hours by a large dose (about twenty grains) of quinine, in the morning. It is also employed there to combat the dangerously high temperature attending severe relapses in all fevers. "Should the temperature reach 105 or 106, or, as it often does, still higher figures, thallin gr. iii. is given, followed in fifteen minutes by antipyrin gr. xv. or xx. The antipyrin is repeated in from thirty minutes to an hour. The temperature falls two or three degrees in three hours, but rises rapidly after an hour. Anticipate this an hour by a similar dose of antipyrin, and the temperature will fall to 100 or 101, and remain there for from six to ten hours. In stubborn cases, ten grains every two or four hours will control the temperature after such a reduction, excepting the usual rise of two degrees in the evening." The doctor writes, moreover, that on the homœopathic side of the hospital, this treatment is tried upon some of the patients, while others are treated from day to day symptomatically, the remedy being changed according to new indications, while still others receive but one remedy from first to last, selected with great care at the outset, homœopathically. Of these last, two in one week were rescued from imminent peril from extreme temperature, by a resort to the antipyrin.

While the physiological school has nothing more promising to offer than these more or less hazardous anti-thermics, under the use of which their reported death-rate in typhoid-fever has, in at least one trial of about thirty cases in a New York hospital, reached a loss of twenty-five per cent. of the patients, homœopathsists should not suffer themselves to be lured away from our well-proven drugs, such as rhus tox., bryonia, and sulphur, remedies that have stood the trial of more than half a century, like well-tempered blades, fitted to the hand. Under the carefully selected remedy, chosen from a due consideration of the totality of the symptoms, the nervous irritability common to typhoid is so lessened that I have found my patients to sleep calmly, to perspire gently, the urinary secretion to be augmented, and the temperature seldom going above 104 at evening. While a fever-patient sleeps, he may be said to be doing well, provided, of course, that the sleep be natural. This desirable end may often be brought about, together with a considerable reduction of temperature, by bathing our patient's body with water, for several hours, about two degrees below his own temperature, or, at the lowest, never below 95° F. I have found this better practice than the antipathic use of very cold baths.

In the disastrous pestilence of typhus which swept over Germany,



and raged from the summer of 1813 onwards, carrying off thousands by death who were treated by the regular physicians, Hahnemann and his little band of devoted followers saved every case given to their care with *rhux tox.* and *bryonia*. Let us never forget this signal triumph of the true treatment of fever. Our school of practice, which proves its drugs upon the well, rather than upon the fever-stricken, hesitates upon the darkened threshold of the typhoid patient before plying his ebbing strength with compounds whose very composition is in doubt, many of which have been thrown aside as useless or harmful, and one of which, the subject of this paper, lies under the odium of a letter-of-patent.

### PHYTOLACCA, CONIUM, AND ARSENICUM IODIDE, IN DISEASED MAMMÆ.

BY J. C. CULVER, M. D., BOSTON, MASS.

(Transactions of Mass. Hom. Med. Society.)

*Phytolacca*, "poke-weed," "American night-shade," or cancer-root, is a native plant found in our uncultivated fields and meadows, or along hedges, and is known by agriculturists as "garget." It is found also in North Africa and Southern Europe, and supposed to have been transplanted from America. When young it serves as an article of food, as dandelions or spinach. When mature, its foliage is quite attractive, and one finds upon the same plant (which attains a height of five or six feet, with the main stalk several inches in diameter, large, rich-colored leaves, beautiful clusters of purple berries, green unripe fruit, and blossoms at the same time. Its appearance is thus very striking.

From the ashes of the stems and leaves, according to the United States Dispensatory, a large per cent. of potassa is obtained,—not less than forty-two per cent. of caustic alkali.

The officinal preparations are from the fresh root and ripe berries, the former considered to be the most active. The berries yield a purplish-red juice, which is sweet and nauseous, slightly acid. From analysis the root is found to contain tannic acid, starch, sugar, resin, and other substances.

*Its Toxic Effects.*—It is emetic, purgative, narcotic, produces violent tonic spasm of the muscles, great prostration of strength.

Hale gives its analogues as *ars.*, *bell.*, *arum.*, *iris*, *kali bi.*, *lach.*, *merc. iod.*, *sanguinaria* and *sulphur*.

Hughes recommends employing the whole plant, and specifies the action of the drug as best seen in its power over certain manifestations of rheumatism and syphilis, its adaptions to certain throat ailments,

and its influence upon the mammary glands. The tincture made from the berries only, seems to be better adapted to rheumatism. The use of it for granular conjunctivitis is mentioned.

Its influence upon the mammæ of cows is interesting. In the vicinity of its growth they are sometimes tempted to partake of its foliage. The udder soon takes on inflammation. Contact with the teats by the milkman gives pain, and the cow shows illness in her movements generally. Some of our intelligent dairymen are in the habit of steeping the garget, as they call it, and, adding lard to it, they apply the same to the swollen udder.

In the human female, mastitis is not uncommon, especially in the young mother. The breast is imperfectly emptied, attributable to sensitive or diseased nipples. Or the nipple is defective, imperfect, causing obstruction to perfect freedom in the flow of the milk from the breast. This, and other causes, as sudden cold, continued pressure, may cause a disease in the otherwise healthy gland, and inflammation and œdema result. The entire gland, or portions of it, become indurated; motion of the arm is attended with pain, which is often very distressing, and particularly so if excoriation of the nipples co-exists. A sense of heaviness is observed preceding the pain. When left to itself for a short time, the skin becomes red, swollen, the temperature of the body is increased, and pyrexia is present; rigors occur later, and suppuration follows. Headache, anorexia, pain in the back, pain shoots down the arm from the axilla, and reflex symptoms are seen in unsuccessful attempts to urinate, with nausea accompanying.

The patients are usually of a scrofulous diathesis, nervous temperament, blonde complexion. Here is your picture for the *phytolacca* internally. May we not imitate the farmer, and apply the same externally? As an inunction, it soothes the distended and inflamed surface, softens and subdues the inflammation. It acts like a narcotic in quieting the pain.

The third dilution does good work for these cases, taken internally. With the tincture, we would make, with cosmoline, the preparation for outside application.

CONIUM, or spotted hemlock, is a native of Europe, but has become naturalized in our own country. It grows near old residences, on waste grounds, or by the roadside. It is a plant growing from three to six feet in height. The blossoms, which are very small, appear in June or July. Their color is white. From the plant is exhaled a disagreeable fetid odor, at this time, and its effect is said to be very



narcotic. The higher the temperature, and the dryer the atmosphere, the more powerful its effect.

Official preparations are from the leaves and fruit, which are mere seeds. Hughes, as in *phytolacca*, recommends the use of the entire plant.

According to the United States Dispensatory, water distilled from the fresh leaves has the odor of the hemlock, and a nauseous taste, but does not produce narcotic effects. The narcotic properties are secured from treatment in alcohol and ether.

Taken in half-grain doses, it produces headache, vertigo. Its toxic effects were well known to the ancients, and used to destroy life. It produces diminished action of the heart, difficulty of speech, sensation of numbness, dimness of vision, and ultimately death.

By analysis, a very odorous oil, resin, and other substances are obtained from the plant, the oil being the principle containing the odor spoken of as existing in the vicinity of its growth.

Dunglison says "Davidson's remedy for cancer" is said to consist of powdered hemlock and arsenious acid. Conium he speaks of as having been applied as a fomentation to cancerous and scrofulous ulcers. It has been used as a remedy for various diseases of the skin, as psoriasis, acne, eczema, and purigo; given in scirrhus, in mammary tumors; and the fresh leaves as an anodyne cataplasm.

From the provings of conium, Hahnemann found engorged glands, or a tendency to them, and recommended it in practice for such conditions, notably from traumatic causes.

He says it is anti-scrofulous, has a specific action on the female breast, dissipating its engorgements and tumors, and relieving its pains. During the catamenial period, it is noticeable in hysterical, highly nervous temperaments, that the breast is sensitive, irritable, sometimes painful. A blow, contact with any hard substance, or a closely fitting dress, even, with whalebones pressing upon the breast, at such times arouses inflammation more quickly. Age does not seem to make any difference, as we find these cases among our young girls as numerous as among our women of thirty-five and forty.

Tumors of the breast, involving a greater or less portion of the mammary gland, frequently come under our observation, which are traceable to injuries not infrequently during lactation.

Over-use of the arms (in book-keeping, in persons employed in printing-offices, in factories, in servants who do a great amount of sweeping) tends to bring on, in scrofulous persons, diseased conditions of the mammae. I think housekeepers or house-servants, as far as my

observation extends, are more often the victims. It may be due to the fact of their being subject to a constant change of temperature.

The cold compress greatly aids in reducing these swollen, indurated glands, and in conium we have a remedy which acts like gelsemium in quieting the hyperæsthesia of the nervous system. It acts like baryta carb. in reducing the œdema and softening the indurated portion, and like phytolacca in relieving the pain. Persevere with its use, and you will be pleased with your results.

ARSENICUM IODIDE.—Just how long this drug has been in use, I am unable to say. Hale gives it a place in his "New Remedies." He gives no special indications for its use in diseased mammæ, but quotes from Thompson its use in diseases resembling cancer. It gives me pleasure to give you from my experience, results from its use in a few cases which were unlike in origin, occurring in youth and middle age.

CASE NO. 1.—A widow of fifty-eight years. Never a mother. Business woman, of active temperament and strong constitution. She had been a victim, two years previous, to an attack of hemiplegia, from which she had not fully recovered.

She accidentally received an injury in the left breast, which at the time gave her some pain, but in the course of a few days passed off, and the injury was forgotten until, several weeks after, a dark red spot appeared above the nipple. It was three-quarters of an inch in diameter, and covered a portion of the mammary gland, which, upon examination, seemed hard, like cartilage. It was extremely painful, and she described the pain as clawing, drawing, burning, giving her little rest by day or night. The pain passed to the dorsal surface, and down the arm of the affected side. The axillary glands were sensitive; and, from loss of sleep, and the great anxiety lest she was the victim of a cancer, her general health was impaired.

From recent success with the drug in a case of skin-disease, I was led to employ it in this case. The sixth was given in grain powders. A slight improvement. We were both encouraged. Its administration was continued (omitting occasionally as other remedies were indicated for a cold, or other slight disturbances) for a period of eighteen months, when the gland appeared entirely healed. It is now three years, and we have heard no note of alarm.

CASE NO. 2.—A young woman. Single. Also of habit active. Age, thirty-three. Scrofulous diathesis. Victim to varicose veins in



both legs. Always overworked. Right lateral side of right mamma indurated. Painful. No discoloration of skin. Burning, heavy pain extends to dorsum. Arm of affected side weak. Motion increases pain. Axillary glands sensitive, enlarged. "Cannot remember any fall or bruise," but thinks it possible she may have felt some sensitiveness in the whole side since she made a desperate effort to save a friend from falling from a railroad bridge over which they were walking. Four months persistent effort was put forth in her behalf, during which time she received ars. iod. From time to time other remedies were made use of, but we were led to return to the first named, and we always felt rewarded. The result was satisfactory to both.

CASE NO. 3.—Single woman, thirty-five years of age. Worked in a chocolate-factory. Had to use her arms rapidly and constantly. When the case came under observation, a portion of the breast had been removed by a friend applying a plaster which she had in her possession, supposed to be efficacious in the removal of cancers, this person supposing she had one. The breast was entirely healed on the affected side, but for two years she had been treated by a quack for a tumor upon the inner side, towards the sternum. Upon examination and consultation with Dr. Talbot, the portion of the gland affected was decided *not* to be in a cancerous condition. It was indurated, gave her pain in the arm of the affected side, was weak and almost useless; but the axillary glands were not enlarged or sensitive. He advised perfect rest, and remedies to be given, *phytolacca*, *conium*, and *asterias rubens*; the three to be given, one following the other; the administration of each remedy to be continued a week. The progress was satisfactory until necessity drove her to her work again; then appeared more acute symptoms than before. Ars. iod. was given, with success. No further trouble has been experienced. The whole treatment occupied the most of two years.

4 CASE NO. 4.—This was a case of cancer; the patient, eighty years old; of scrofulous diathesis, but of active temperament and cheerful disposition. Had been fighting the terrible suffering very privately, not allowing her best friends to come into the secret, until the diseased mass was sloughing off and becoming offensive.

It occupied the left breast, and already a large portion of the gland had disappeared. Ars. iod. relieved the burning pain, gave quiet sleep, and did greatly mitigate her sufferings to the end.

## CENANTHE CROCATA IN EPILEPSY.

BY FREDERICK B. PERCY, M. D., BROOKLINE, MASS.

(Read before the Mass. Hom. Med. Society.)

*Cenante Crocata*, or water-hemlock, is a plant perennial in European countries, of the natural order of Umbelliferae, the botanical family of *Cicuta Virosa* and *Æthusa Cynapium*. By a strange coincidence, the medicinal virtues of the two latter are well known to homœopathic physicians; and the singular success which has followed the use of *cicuta* in cerebro-spinal meningitis, and *æthusa* in convulsions of children when dependent upon cerebral anæmia, was only possible through interpretation of poisoning cases by the law of similars. Of *cenante crocata*, however, we know but little; Hale's article in his "New Remedies," Hughes's brief mention of it in his "Pharmaco-dynamics," and the articles in Allen's Encyclopædia, constitute the chief and, I might say, the only sources of information readily accessible. This neglect is entirely unwarranted by a drug, the poisoning cases of which point so clearly and unerringly to its value in epilepsy and epileptiform convulsions. Allen and all other authorities draw largely, for the facts which they set forth, from an article by Dr. Bloc, a translation of which appeared in vol. xxxii. of the "British Journal of Homœopathy." Herein are narrated forty-nine observations of human poisonings by *cenante*, which showed under all circumstances, symptoms analogous to those of epilepsy. Allen has also collected other poisoning cases to the number of one hundred and twelve, all of which tend to confirm the conclusions drawn from Dr. Bloc's collection of cases.

A chemical analysis of the plant and root showed the presence of a fixed oil, a volatile oil, a resin, and yellow coloring matter. Stillé and Maisch, in their dispensatory, affirm that the resin is the active principle in all cases of poisoning, a statement which experiments upon animals would seem to confirm. The root from which the tincture is made contains the poisonous or active principle in larger proportion than the rest of the plant.

Of provings we have none, unless it be some cursory ones which followed the administration of the drug in a case of epilepsy hereafter mentioned. I will cite only one of the many instances of poisoning, and the following case is typical of the whole:—

"Obs. 12. March 30, 1758, seventeen soldiers of the citadel of Ajaccio poisoned themselves. One of them, having a mind to treat his comrades with good soup, had gathered a plant of which he had cut the leaves and roots. They ate it with avidity, but in one hour



some fell into syncope and convulsions. One died before the doctor arrived, two hours after supper; a second was expiring; a third showed no signs of life, but trembling and convulsions. The activity of the poison was so sudden, that I saw two fall into a swoon whilst, at perfect ease about themselves, they were busy lavishing attentions upon their sick comrades. One, a man of strong and robust constitution, who was the author of this deadly feast, seemed the most hopeless. The upturning of his eyes, the contraction of the lower jaw, the feebleness of pulse, the inability to move, feel, or know any thing, with a universal chill spread over his whole body, seemed to be so many signs of death. After vain attempts to give an emetic, I had him rolled and well shaken in a blanket by eight men for two hours. He recovered warmth, and then, insensibly, movement and life. The first signs were efforts to vomit, which, aided by the emetic, were effectual. The vomiting went on for days, take what he would. He fell asleep for fifteen hours. On April 1, his tongue was extremely sore and swollen from biting during the convulsions. He went away perfectly cured April 21, the twenty-third day after the accident, remembering nothing that had befallen him from the first to the third day of his illness, nor of the circumstances that had accompanied nor those which had caused it. Let us only remark *the sudden convulsion, trismus, with biting of the tongue, followed by slumber, and oblivion of the circumstances.*"

The symptoms are generally in the following order: "Some minutes after swallowing, the subject utters a cry, and falls a prey to convulsions."

"*General Symptoms.*—1. Regarding the nervous system: Shivering at the outset, and horripilation; loss of consciousness and of memory; acute cries; delirium more or less prolonged; stupor, vertigo; convulsive movements of the face, jaws, and limbs. Well-marked trismus, proceeding from mere cramp to impossibility of opening jaws, or having them opened by force. Dilated pupils, contraction of the muscles of the eyelids, spasm of the muscles of inspiration, fainting fits, sometimes general convulsions, followed by general insensibility and death."

2. Among symptoms referable to alimentary tract: "Bloody froth at the nose and mouth; tongue projected, and almost always bitten."

3. "As to the circulatory and respiratory symptoms: Irregular beating of the heart; small pulse, and thread-like; respiration short, with long intervals, and sometimes appearing to cease entirely.

Brisk expirations are made from time to time, to expel masses of bloody mucus."

4. "As to secretions: At first cold, clammy sweats, then dryness of skin. Generally retention of urine, or else very little is passed."

Numerous experiments upon animals corroborate its power to occasion convulsions and death.

Post-mortem examinations both upon human beings and animals showed the following conditions of brain and spinal cord:

"Effusion of bloody serum, and sometimes of blood at occipital foramen. On cutting the meninges, the veins of the pia mater distended, and highly arborescent at the edges of the convolutions; apoplectic foci in the cerebral mass, which is strongly injected. The annular protuberance, medulla oblongata, and peduncles of the cerebrum and cerebellum inflamed, and present, especially the latter, a certain degree of softening; severe effusion in the cellular tissue beneath the arachnoid, the ventricles, and base of the brain. *Spinal Cord*.—The integuments strongly injected, the vertebral sinuses filled with blood, soft and fluid, medullary substance red and congested."

You will readily see from the above symptoms and post-mortem conditions, that they are almost identical with those of epilepsy; and the only inference to be drawn is, that *cenanthe crocata* should prove a most valuable remedy in this disease. In the admirable lectures on epilepsy, by the late Dr. Rutherford Russell of England, we find the following: "Any medicine which is to effect a change in the condition of an epileptic nervous system, and not merely arrest the propagation of the exciting cause, must be one endowed with powers of long duration; medicines which have the power of reducing to their natural calibre the capillaries of the spinal cord and brain, and thus of removing that preternatural excitability on which it now seems pretty certain that epilepsy depends." Among the invariable symptoms of epilepsy in the order of their occurrence, he mentions,—

1. Dilatation of the pupils of both eyes.
2. Paleness of the face.
3. Twitches of the muscles of the eyes and face.
4. Loss of consciousness.
5. Tonic contraction of the laryngeal and expiratory muscles.
6. Cry.
7. Tonic contraction of the muscles of the trunk and limbs.
8. Fall.
9. Dark, purple hue of the face.



10. Asphyxia.
11. Clonic convulsions everywhere.
12. Coma.
13. Sleep.

Dr. Russell shows most conclusively that belladonna, upon which he most depended in the treatment of this disease, was singularly homœopathic to all the above-mentioned conditions; and it would be equally easy to prove that the drug we are now considering just as well fulfils these conditions.

And now as to the post-mortem conditions: Prof. Schröder van der Kolk, whom Dr. Russell quotes as authority, says, "But if the disease has already lasted a long time, organic vascular dilatation takes place in the medulla oblongata; the consequence being that too great a supply of blood is detained there, and the ganglionic groups are too strongly irritated, too quickly overcharged. Every attack then becomes a renewed cause of a subsequent attack, as the vascular dilatation is promoted afresh by every fit. Lastly, increased exudation of albumen ensues from the now constantly distended vessels, whose walls at the same time become thickened, producing increased hardness of the medulla, subsequently passing into fatty degeneration and softening." From this it would seem, that in those cases of epilepsy in which belladonna, cuprum, zincum, and silica are of no avail, cœnanthe may prove curative.

It is urged against the claims herein set forth for this drug, that the trismus in epilepsy is transient, while from poisonous doses of cœnanthe it is more permanent; and, again, that the epileptic seizure lasts but a few moments, while the effects of cœnanthe last for days. Is it irrational to suppose that the toxic doses of the drug, which overwhelm the nervous system, may explain away these minor discrepancies?

Dr. Drysdale, and also Dr. Hughes, think the drug promises more in "epileptiform seizures," than in true epilepsy, and place greater dependence upon drugs of "firmer grip and longer action." Dr. Oehme published, several years ago, two cases treated by cœnanthe, one of epileptiform convulsions in a parturient woman, suffering from albuminuria, in which this drug checked these seizures, and prevented their recurrence; and another case of convulsions in a child, where, after belladonna and zincum had failed, cœnanthe proved curative. Up to 1884, these are the only two cases which have come within my observation of cures of any kind of convulsions by cœnanthe; and Dr. Hughes thinks the application of the drug, as exemplified in these

cases, is more fully warranted than in the convulsions of epilepsy. In the *Medical Times* for November, 1884, Dr. H. S. Stiles publishes a case of epilepsy cured by *œnanthe*; and within a year past, from eclectic sources, we have a more signal corroboration of its utility. Dr. Waterhouse in the December, 1885, issue of the *Eclectic Medical Journal* (Cincinnati), and Dr. Henderson in the February, 1886, issue of the same journal, bear testimony to its worth. From Dr. Henderson's article I quote somewhat at length: "Like most physicians of this locality, with whom I have spoken on the subject of epilepsy, I find but poor encouragement in the treatment of this most obstinate disease, by using bromides, which, I find, only give temporary relief. About March, 1885, I received a letter from Dr. Waterhouse, in which he mentioned the use of *œnanthe crocata*, or water-hemlock, in the treatment of epilepsy. . . . I at once began, through my druggist, trying to procure the medicine, which, after several failures, we succeeded in getting from the homœopathic pharmacy of Humphrey & Co., New York, in the form of a mother tincture. I medicated pellets No. 35, and directed my worst case to take two pills every four hours. The spasms which seemed to involve every flexor of the body, and which were in rapid succession, ceased immediately with the beginning of administration of the remedy; and from that time (June 1) to this (eight months), there has not been the least sign of an epileptic seizure. . . . I have used the drug in two other instances, with like results. One of the cases has been a confirmed epileptic for nine years, and has become almost an idiot; the spasms have ceased, and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who has been an epileptic for thirty years, and has been in the insane-asylum on two different occasions, and each time has been sent back to the county as incurable."

The purpose of this paper will have been thwarted, if it has conveyed to you the idea that in *œnanthe crocata* we have a specific for epilepsy. An obstinate case of epilepsy in my own practice first led me to the study of the drug; and my own ignorance of the marked homœopathicity of the drug to epilepsy, which some of you may have shared, must be my excuse for presenting it in so crude a form for your consideration. Let us hope that the coming year may through your help establish for this drug its proper place among the "anti-epileptic drugs."



## DR. SHÜSSLER'S REMEDIES.

BY D. B. WHITTIER, M. D., FITCHBURG, MASS.

(Read before the Mass. Hom. Med. Society.)

Jevons says, "Inductive investigation consists in the union of hypothesis and experiment; deductive reasoning being the link by which experimental results are made to conform to, or confute, the hypothesis." A collection of facts, then, which have been anticipated by theory, and afterwards verified by experiment, are most important as regards their scientific interest. Clinical tests thus become the interpretation of hypothesis, and are convincing proofs of the correctness of the principles for the administration of drugs to the sick. Dr. Schüssler's assuring declarations of the utility of administering drugs by his peculiar method have challenged clinical tests. I have sought opportunities for the application of this method with no other intent than to be assisted in the cure of diseases that have been difficult, and those that have shown negative results by ordinary medication. Experience teaches that the deductions drawn from clinical demonstration may be premature or illogical, largely from the limited capacity of the observer, his environments, and the circumstances of the tests; still the therapeutic action of a drug is tested in this way, notwithstanding these conditions. Because Dr. Schüssler's particular method cuts athwart our prejudices, or fails to accord with our adopted principles in medicine, should be no reason for preventing a fair trial in our ministrations to the sick. In the examination of his position, we are confronted with this principle, "A name may wrong the thing," or, conversely, "The thing may wrong the name."

Does the name wrong the thing? the answer to this inquiry I leave to those who delight to revel in hypothesis. Does the thing wrong the name? is the investigation I propose to confirm or refute. I have undertaken the solution of this subject in a limited way, and with caution, selecting those cases which would afford an opportunity to retreat without incurring serious risks to my patients.

I shall present first a neurotic case,—one that belongs to that class of diseases upon which it is natural and often just to cast doubt, both regarding the recital of its phenomena by the patient and also the representations of benefit that obtains after the administration of medicines. Recognizing these facts, I have endeavored to avoid them by personal inspection and discrimination, striving to eliminate all doubtful elements from it.

POTASSIUM PHOS.—*Dysmenorrhœa with Neuroses.* Miss L., aged twenty-eight. Keenly sensitive; pale; lachrymose; possessed of a

morbid mentality induced by years of suffering from pain and hard circumstances in life ; consequently had great mental depression and exhaustion ; intense but smothered emotions ; dreadful forebodings, and impatient of life's hardships ; a struggling toiler without home and helping friends ; wanting sympathy and counsel, and finding none. She fought well a pronounced hysterical nature ; was a silent sufferer until nerve and will power succumbed to physical pain. The neurotic outbursts were intense and painful. She menstruated at the age of thirteen, was irregular for one year without unusual discomfort. For fifteen years subsequent she experienced the following pains more or less severe, together with the nervous and nerotic conditions cited. Two weeks preceding the menses, the mammæ were so painful that the touch of her clothing was unbearable.

The menstrual pains were cramp-like, with severe bearing down in the hypogastrium, and most severe after the flow commenced ; was then obliged to take to her bed, and there remain for three or four days.

During the menses, when the suffering was most intense, a sharp shooting pain would extend from the hypogastrium to the epigastrium, followed by a sensation as if something were flowing up to the stomach, and immediately succeeded by vomiting of bile or frothy acid substances sometimes streaked with blood. The vomiting would relieve the dreadful distress at the stomach, when the uterine pains would be increased, and sometimes continue for twenty-four hours.

The headache was at first general, but soon settled over the left eye, and continued for two or three days. When it was severe, the pains elsewhere were lessened, and *vice versa*.

For the past few years the headache has occurred more frequently, usually succeeding the flow. Menses were five or six days' duration ; flow not excessive, thick, dark, and coagulated, sometimes resembling flesh, the passage of the same causing intense pain. The number of the substances has decreased of late years.

This brief recital contains only the prominent, more severe, and constantly recurring menstrual symptoms ; the details of minor and intervening conditions are purposely omitted on account of her hysterical inclination. Cervical stenosis could not be assigned as the cause of the dysmenorrhœa, as the passage of the sound was easily made, and an occasional monthly period was observed with symptoms much less intense. During the past few years the most severe periods have occurred less frequently, when the headaches were more intense. In 1883 five times ; 1884, four times ; and in the seven months of



1885 four times, with several other months when she was very sick. These periods of such agony, which was only slightly lessened by medicine, have been her lot for fifteen years. Sleepless nights have resulted, together with mental anxiety, nervous exhaustion, and despondency. For years previous, tonics, nervines, and anodynes had been given, with only temporary benefit. I gave the medicines apparently indicated, most prominent of which were *bell.*, *gel.*, *cimicifuga*, *ignatia*, *puls.*, *colocynth*, *caulophyllum*, and *viburnum*, with no satisfactory results. I became discouraged, and the patient lost all hope of benefit. Dr. Schüssler's medicines came to my notice. The objective and subjective symptoms of the case were like a transcript of the indications for *kali phos.*, and I concluded to use it in the 6x.

It was prescribed morning and night for six months, then once a day. The first menstrual period following the use of the medicine was comparatively comfortable, and after three months she experienced very little discomfort. There was progressive improvement; had but one painful period in a year; normal flow has returned; better mental equipoise; strength greatly increased; returned to her avocation as seamstress without a return of her former complaints. She gratefully expresses herself as having experienced a wonderful change in mind and body.

**MAGNESIUM PHOS.**—The indications for this medicine are: all ailments of a spasmodic nature; warmth is soothing; neuralgic cramping pains, worse by motion; colic; spasmodic coughs, worse at night; whooping-cough; and the chief remedy in menstrual colic.

Miss —, aged five years; delicate and of consumptive family; had a cough for four weeks; at first it was a hacking cough, then became spasmodic resembling the whooping-cough; the mother was convinced that it was such. It was worse on walking, eating, crying, and during the first hours of the night; was sometimes accompanied with vomiting; expectoration yellow, and occasionally streaked with blood; no appetite; tongue coated brown; perspiration when coughing, and in the night. Physical examination revealed subcrepitant râles, and percussion dullness.

Aug. 3. *Mag. phos.*, 6x., every three hours.

Aug. 6. Cough improving; cough loose; physical signs improving.

Aug. 10. Fifty per cent improvement; general health better; appetite normal.

Aug. 15. Well.

Mrs. — has been in poor health for years; was dyspeptic, serof-

ulous, emaciated ; of a consumptive family, and mother of a child in the preceding case ; had frequent attacks of colds affecting the lungs ; pains and lameness through the chest from exertion ; had a spasmodic cough, worse in the fore part of the night ; paroxysm less severe during the day ; soreness in the upper part of chest, and tenderness on external pressure ; hoarseness in evening ; had these symptoms with varying severity for four weeks.

Ry. *Mag. phos.* 6x. ; well in one week. This result does not show that the patient is restored to health. It would be too much to expect in the time ; but it shows the benefit of this remedy upon the lung tissue, and very great probable results from its continuance.

*Dysmenorrhœa.*—Miss S., aged twenty. Nervo-sanguine temperament ; menstruated at twelve years of age, and for six years menses were normal ; eighteen months ago had suppression from a cold when pelvic inflammation ensued, and was aggravated by a fall down stairs four months after ; during the skating craze was in daily attendance at the rink. For eighteen months she has had menstrual colic ; periods regular, and flow normal ; severe cramp pains in hypogastrium, causing the patient to toss and roll about upon the bed, and the constant application of hot fomentations for twenty-four hours ; had pains extending down the legs ; backache ; heat in the back ; and in the menstrual intervals, dragging and tired feelings in the pelvis. Physical signs by touch were prolapsus uteri ; by speculum, endocervicitis, and cervical erosion ; by the sound, unobstructed canal, measurement of womb two and a half inches. Bland albuminous leucorrhœa has increased for the last six months.

Applied glycerole of flu. ext. of belladonna, twenty drops to the ounce, and prescribed *mag. phos.* 6x., three doses daily. Five days after, the menses appeared, and surprised both patient and friends by the diminished pain, quite one-half, so that she had comparative comfort, and the attendants were relieved of the constant application of fomentations.

The amelioration of this period was followed by relief of backache, and a very noticeable lessening of the leucorrhœa, and has remained so since. Relapses occurred in this case, when the periods would recur in the usual severity. Other remedies were given for a time in the hope of a more speedy cure, but were less satisfactory than the *mag. phos.*, which was again administered morning and night. Occasional applications of a solution of chloride of gold and sodium were made to the cervical canal. The patient is now well after five months treatment.



**CHOREA.**—Miss —, six years old. Symptoms were manifested largely upon the face and upper part of the body. Lateral and downward jerking of the mouth; snapping of the eyelids; sudden jerking of the head. When the head symptoms were absent, forward and backward motions of the shoulders would appear. Symptoms relieved during sleep; were aggravated by the usual causes,—attendance at school, bad methods of correction, and fatiguing exertions; was irritable, easily moved to tears, and had a poor appetite. Prescribed *ignatia* every three hours; no perceptible improvement. *Mag. phos.*, 6 x., for three months was followed by gratifying improvement, which was interrupted by relapses from indiscretion in eating confectionery, too exciting plays, etc. Considering the time employed, I considered the case not fully met by the remedy. Dr. Schüssler says, when *mag. phos.* is indicated and unavailing, use *calcium phos.* in connection with it. Prescribed *calcium phos.* 6x., once daily, and *mag. phos.* twice daily; reported in three weeks very much improved; only slight motions of the head remaining; medicines continued one month, when the mother reported the child well.

**POTASSIUM CHLORIDE.**—Special indications for eczema are skin affections with white or whitish opaque secretions or pustular formations; oozing sticky fluid; white-coated tongue; chaffing of skin, inclining to scabs; effusion of effete albuminoid substances. In obstinate cases not yielding to kali chlor., use calcium fluoride.

*Eczema.*—On a young child, in its early stage, located on the cheeks, chin, and behind the ears; skin swollen, inflamed, and underneath it induration, on its surface dry scales. The indications were an early development of pustules. Child otherwise appeared healthy. Prescribed *potassium chloride*, 6x., every four hours; child well in one week.

*Eczema.*—Miss S., aged fifteen. Anæmic; had eczema for three years; had become so weak she was obliged to leave school; years ago had pneumonia complicated by a cough thought to be whooping-cough. The lungs were left obstructed by mucus, and portions of them hepatized. The result of this condition upon her health, in connection with the anæmia and eczema, caused the parents to be apprehensive of consumption.

The eczema was located behind the ears, and extended over the sides of the head, and was very troublesome with itching. From underneath the scales there exuded a profuse glutinous secretion which flowed down the neck. For a year past, had dysmenorrhœa with attacks of fainting; flow dark and scanty; was constipated,

faeces large in circumference. The remedy in this case is evidently *graphites*, which was given thrice daily. A weak lotion of borax-water and glycerine was used for cleansing the scalp, and to allay the intense itching.

In two weeks the constipation was better, the eczema only palliated by the wash. Although too soon to expect decided results from the remedy used, I was disposed to test *potassium chloride* as recommended by Dr. Schüssler. After its use for three weeks before meals, patient reported general health improved, but no decided change in eczema. Dr. Schüssler recommends, when a case of this kind is obstinate, to give *calc. fluoride*. Prescribed this remedy with *potassium chloride*, two doses of each daily for three weeks. Menses less painful; better flow; eczema much improved. Medicine continued for three weeks. The constipation now recurred, and *graphites* was substituted for *calc. f.* (It would be an easy and perhaps a common thing, not to record this prescription of *graphites*, and let the case go smoothly along with the use of *kali* and *calc.*; but I am testing, and must be truthful.) Improvement continues, constipation better; menses normal, and eczema mostly disappeared. Medicines continued for another three weeks. The patient is well, save the condition of the lungs. The morbid physical signs not being removed as rapidly as I desired, and this being the only unhealthy condition present demanding attention, I prescribed *calc. phos.* 3d for two months, three doses daily. There has been, as a result, a gradual clearing-up of the lung tissue; a manifest richness of the blood, increased strength and endurance; and the patient has returned to school, and after four months' treatment is now well.

I have administered Dr. Schüssler's medicines in other cases; but in those cases they were not used alone, or sufficiently long to be presented as tests of their benefit.

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### CARDIAC ENLARGEMENTS.

BY B. F. BAILEY, M. D., LINCOLN, NEB.

In the study of hypertrophy and dilatation, our best course is to reason by hypothesis from knowledge already gained of valvular defects, and thus by referring to collated facts we can prove our hypothesis, or if wrong we may be shown our mistake. If we take the trouble to study in this way, we will not only find the facts firmly impressed on our minds, but we will have learned an important lesson in self-reliant thinking or reasoning.

Hypertrophy and dilatation, though often treated separately, may be as well considered together; as, with one or two exceptions which



will be noted, dilatation may be looked on as a sequela of hypertrophy. As causes,

*First.*—We have obstructions at orifices of heart or vessels leading therefrom, and *as a result* increased amount of blood and consequent pressure within the chambers of the heart. We find this cause operative in the following instances :

(a) In *mitral regurgitation*, we obviously have produced, in their *consecutive order*, enlargement of left auricle, congestion of lungs, hypertrophy of right ventricle, hypertrophy of left ventricle, hypertrophy of right auricle, and, last, general venous congestion. Thus we have hypertrophy of all four chambers followed, at such times as the walls may be unable to compensate for the extra work thrown upon them, by gradual but certain dilatation, and as a result the apex beat drops downward and to left, and the cardiac dullness increases both to right and left of sternum and downward.

(b) In *mitral obstruction* we have consecutively, and in the following order : *Great hypertrophy of left auricle*, congestion of lungs, hypertrophy of right ventricle, hypertrophy of right auricle, general venous congestion. *The left ventricle is left either in its normal condition or a condition of atrophy*, as the mitral obstruction prevents the over-filled left auricle from relieving itself by filling the left ventricle. The apex beat is displaced to the left, but only *slightly downward*, owing to the normal or atrophied condition of the left ventricle, which goes to make up the apex of heart. Cardiac dulness is increased to right of sternum and in a *high degree to left of sternum*. Of course, in this case as elsewhere the tendency is for the hypertrophied cavities to eventually dilate.

(c) In both aortic regurgitation and obstruction we have hypertrophy of the left ventricle with only minor changes in the other cavities of heart, *except in cases* where the continued intra-ventricular pressure brings about mitral regurgitation. In both forms of aortic disease the *apex is greatly displaced to left and downward*, but *most markedly* in regurgitation. Cardiac dullness increases downward and to left in both, but in highest degree in regurgitation.

*Now in every valvular disease* hypertrophy first takes place, to be followed by dilatation, *with perhaps two exceptions*, viz : *the left auricle* in mitral regurgitation, and *the left ventricle* in aortic regurgitation, and these exceptions are probably due to the fact that the intra-cardiac pressure is *greatest during the diastole* of these cavities, and consequently in their flaccid state, and when most liable to dilatation.

(d) In addition to the valvular origin we may have hypertrophy

followed by dilatation of the left ventricle in atheroma or calcification of arteries.

(e) In increased tension of the capillaries in chronic renal diseases and in obstruction of the pulmonary vessels owing to pulmonary disease.

*Second.*—A second cause of enlargement of the heart is, some pericardial adhesion which renders the heart's action labored, and usually causes enlargement of the whole heart, though it may from location affect one or more cavities. The enlargement then takes the form of hypertrophy.

*Third.*—Anything which decreases muscular tone and resistance of heart, as in cases of fatty degeneration, myocarditis, anæmia and leukæmia, and in this condition we may expect the enlargement to take the form of dilatation.

*Fourth.*—Excessive action caused by nervous palpitation, by continued violent muscular effort, and by the overtaking of the wind. In these cases the left ventricle is usually affected, except in overtaxed wind, when the right cavities are the enlarged ones.

*Fifth.*—There are sometimes found cases of apparently idiopathic hypertrophy.

#### THE DIFFERENTIATION OF ENLARGED HEART.

We find in our text-books rules given for the differentiation of hypertrophy and dilatation which might lead us to suppose that they were two easily diagnosed and markedly distinct conditions, and so they may be; but many times a condition of hypertrophy glides slowly into a condition of dilatation, and it is therefore obvious that in many cases it may be almost impossible to decide which condition predominates. We can, however, usually come to a conclusion by considering both the promoting causes and the following points of differential diagnosis:

*In hypertrophy* we have the area of cardiac dullness increased laterally and the impulse strong and jarring.

*In dilatation* we too have the area of dullness increased, but it is horizontally, and we have a wavering and weak impulse.

So also in *hypertrophy* we have intensified sounds and strong pulse; while in *dilatation* we have weakened sounds and pulse.

In *hypertrophy* we have signs of *active* congestion, as fullness of head, short breath and Bright's disease; while in *dilatation* we have more the signs of *passive* congestion, as dyspnoea, cough, palpitation, portal congestion and ascites. By always bearing in mind the valvular sounds, past history and these points, it seems to me we ought



to reach a tolerably correct diagnosis. Though, of course, "to err is human," and as many much higher authorities have erred in the past, we are liable to the same.

Generally speaking, *hypertrophy* is caused by disturbed innervation or increased resistance, or both, and *dilatation* by increased endocardial pressure and impaired power of resistance.

**Prognosis.** It seems to depend entirely on the history and cause. Just so long as it is possible to induce compensation without over stimulation, we may, in dilatation, hope for good results. In hypertrophy the prognosis is good if the heart action can be controlled for a time, if the trouble is due to pregnancy, acute renal trouble, or some transient influence; but in cases where lesions of the vessels or valves are present, our prognosis must be made accordingly.

#### MEDICAL TREATMENT.

*Adonis vernalis.* We may use this remedy frequently with success in place of digitalis when we wish to increase the volume of the heart's action. It does not seem to act by increasing the rapidity of beats, but by increasing the strength of beat. It has not shown any cumulative action. In cases of dilatation with weak action, it is oftentimes of much use in material doses. We may use it with good results in the 3x in overaction of the heart with congestion of the head and lungs.

*Aconite* frequently relieves the mental anxiety and irregular action of both the hypertrophied and dilated heart more promptly than any other remedy. In the hypertrophied heart we may expect, if acon. is indicated, a wiry strong pulse with much anxiety and congestion. In dilatation a thread-like yet rather tense pulse with tendency to collapse and with anxiety. We must not, however, repeat acon. too frequently in either case if we would avoid aggravations, and should use in dilatations the 3x to 6x.

*Ammon. Carb.*—In this remedy we find a peculiar condition of hard strong beating heart, with tendency to cold sweat and debility, also soreness of whole body. This train of symptoms is undoubtedly due to the fact that at the same time ammon. carb. stimulates the heart it relaxes the capillaries, and as a result of this we may sometimes find it wonderfully useful in the larger doses (say 10 grs. crude to one-half glass water, two tea-spoonsful once an hour for a time) to tide over places where in pneumonia, or in chronic heart disease, the heart has become weakened from long neglect, improper treatment, or over-taxation, and the lungs are much congested with extensive rales, and perhaps catarrhal or pneumonic deposit. Our am. carb. here stimu-

lates the heart, aids in absorption, and relieves the whole system by a gentle perspiration, thus giving us time by proper nourishment and more permanently acting remedies to reclaim our patient's life. It should never be used in doses large enough to produce profuse perspiration lest we produce debility, and we should also bear in mind that, when indicated in small doses as above, we should expect to find our patients with a strumous diathesis.

*Amyl. Nit.*—This is useful in the flushing of face and cutaneous surfaces showing a dilated state of the capillaries, and with this an irregular beating of heart. It may be used by careful inhalation in cases of evident spasm of the heart, but should *never* be used as a heart stimulant, for it differs from our am. carb. in that am. carb. stimulates the heart at the same time it dilates the capillaries, whereas amyl. nit. simply renders the heart's action spasmodic (which may prove fatal) while it dilates the capillaries. And it only relieves violent and irregular or spasmodic palpitation, because it promptly dilates the capillaries, thus removing resistance to the arterial flow. It is also probable that we may give thanks that amyl. has dilatation of the capillaries as an early action, and the induction of heart spasm as a later, for were this not the case we could never be safe in using amyl by inhalation.

*Ant. tart.* will be found useful in cases of what *seem* to be idiopathic dilatation of the heart. I say *seem* to be, for we may also discover a rheumatic diathesis and with good reason hesitate as to whether the abnormal heart is due to the rheumatic diathesis or vice versa. We know ant. tart. expends its action mostly to the base of the brain in the region of the origin of the pneumogastric nerve and that we have as a result a semi-paralysis of that nerve and resulting rapid weak action of the heart with a slow labored respiration and lungs engorged with blood and filled with coarse rales. Ergo: we also have from improperly oxygenated blood a bluish paleness with venous congestion, a drowsy torpor with tendency to actual infiltration of lungs with blood and final paralysis. We also know that stimulation of the pneumogastric nerve brings about a cessation of the heart beats and that too when the heart is in diastole. Now may we not believe that ant. tart., which more surely affects this nerve at its origin producing a semi-paralysis, may also be able to cause the condition of dilatation which we know continued mild galvanic stimulation of the nerve will produce and may we not have some reason for the belief that the rheumatic diathesis often found is secondary to the heart affection and not the heart affection to the rheumatic diathesis? Especially does this seem possible as remedies



which have nerve stimulation as their primary action frequently have nerve paralysis as their secondary action, or, as many consider it, as a reaction from the primary stimulation.

*Apis* has a marked *blowing sound during diastole* and sometimes attacks of Angina with severe pain below heart and extending diagonally to right chest, with much apprehension; but this condition when *Apis* is indicated is undoubtedly brought about by a changed and watery condition of the blood from suppressed eruptions or renal disease and not primarily by heart change.

*Argent. nit.* has choking pains about the heart with feeling of fullness and worse when thinking about it—all symptoms relieved by belching—without doubt usually a reflex symptom from improper nerve supply.

*Arnica.* Even the allopathic school admit this remedy produces by its action on the nerve centres a condition throughout the system similar to that caused by concussion of the brain or spine and thus we have *arnica* indicated in heart troubles similar to those from above causes—pulse accelerated and irregular with sometimes hard, sometimes weak beat, always worse from exertion, spasmodic action and heart feels as if cramped, aching down left arm and veins on left side swollen—hypertrophy of heart in athletes—fatty heart from improper nerve supply and tendency to tingling bruised feeling throughout body. It is well to compare the symptoms of concussion of brain and spine with the symptomatology of this remedy.

*Arsenicum.*—We find our arsenicum patients to have a present or past history of skin eruptions, and very likely a record of suppression of eruptions by external applications. We find them anxious and restless with an oedematous or waxy appearance of the surface and tendency to syncope. Pulse rapid, but weak and irregular. Frequently in fatty degenerations, as well as the enlargements. It may sometimes be beneficially alternated with strychnia, or phos. of strychnia when the nervous system needs food. Some cases present themselves when relief is much hastened by alternating ferrum and arsen. We find sometimes arsen. iod. preferable to arsen. alb.

*Asafetida.*—In cases where suppression of menses or over excitement produces a seeming stasis of blood in heart with weak pulse; heart feels full, and like a bird fluttering in chest. Scrofulous patients of a venous habit.

*Aurum.*—Usually in syphilitic, or mercurial patients, with rheumatism, and tendency to attack heart. Much palpitation and melancholia.

THE INHALATION OF SEPTIC BACTERIA, A VALUABLE AUXILIARY  
TREATMENT OF CERTAIN SEVERE CHEST AFFECTIONS.

BY WM. A. HAMAN, M.D., READING, PA.

The assertion, emanating from Prof. Cantani of Naples, in the *Centralblatt für die Medicinischen Wissenschaften*, that the bacterium termo is destructive of the bacillus of tuberculosis, and the results of experiments made by him on tuberculous animals and consumptive patients, led me to suggestt he use of a fluid containing the bacteria in question in abundance to Dr. S. R. Rittenhouse, a very well-known homœopathic physician of this city, suffering from advanced phthisis, the result of diabetes. The doctor was loath to inhale the cause and products of putrefaction fearing some form of septicæmia. But his condition was so miserable, having just recovered from the last of a series of hemorrhages, and his cough being so exhausting and racking, and not being benefited by anything he had been induced to try, that he finally made the trial. The result was very prompt and gratifying; his cough became easy, the sputa lost their tenacity, and his night's rest was not disturbed by the dyspnœa and the severe racking cough; in fact, the change from a condition of misery to one of comparative comfort was well marked and quickly attained. His physical condition gradually improved, strength slowly returned and dyspnœa on exertion gradually lessened. The sputa were increased in abundance, but after three months use of the spray they decreased in quantity and lost their marked purulent character. The bacilli of tuberculosis, which were present in large numbers, were increased in quantity shortly after commencing the use of the spray. When the sputa were decreased in quantity after three months trial I was unable to find any tubercle bacilli, but at that time I could not find them in the sputa of any consumptive; this was due to a change in my staining fluids as I afterward ascertained, and after getting new stains I found them again. This led to the belief for a time that they had disappeared from the sputa.

After a six months' trial the Dr. finds himself considerably improved in strength, in a comfortable condition but by no means restored to health, as the microscopic examination of the sputa demonstrates; yet there is no reason to think that there is any great activity in the pulmonic disease. It might be well to state that he had employed various medicated sprays but without any benefit.

This pleasing result led me to try the same method of treatment in a number of cases of chest troubles, for the purpose of finding its exact sphere of usefulness if possible, with the following results.



The cases comprised instances of tubercular phthisis as evidenced by the bacilli in the sputa, chronic pneumonia, chronic bronchitis, and abscess the result of broncho-pneumonia.

Of these varieties of chest troubles there was but one that was not affected by the treatment, viz., chronic bronchitis.

Of cavity, the result of tubercular ulceration or broncho-pneumonia, or of phthisis without cavity, I saw but one case that was unaffected by the inhalation in any way, and that was a case of tubercular phthisis in a young man who had led a fast life, being guilty of great sexual and alcoholic excesses. All the rest were made more comfortable, the teasing, worrying, racking cough was speedily changed to a mild cough, bringing up the sputa without any effort. I know of no case of tubercular phthisis which was cured during the time this method has been on trial (a period of six months), neither of any case from the sputa of which the bacilli permanently disappeared; too short a time has elapsed for any observations relative to the permanent cure of so intractable and prolonged a disease to have any value whatever.

There was but one case of chronic pneumonia under observation; the case was one of a year and a half's duration, and involved the lower lobe of the left lung, which was completely hepatized, the percussion note being devoid of the slightest resonance. After three months treatment the following changes were noticed, the percussion note was absolutely non-resonant over only two inches of the inferior and of the lower lobe of the left lung, the other portions of the lower half of the chest being resonant, the clearness of the note diminishing from above downward; the vesicular murmur which had been absent was returning. Unfortunately the patient was lost sight of at this stage, as he did not experience an increase in strength and feeling of well-being commensurate with the improvement in the physical signs of his lung trouble.

The results of trials with the inhalation of *pure* cultures of the bacterium termo, as detailed in our journals, give no encouragement that it will accomplish what was expected of it. Those acquainted with bacteriological technology will see from the method of the preparation of the fluid used by Dr. Rittenhouse that it is an *impure* culture, and this fact may explain the difference in the results; it, without doubt, also contains the other septic microbes, viz., bacillus subtilis, vibriones, spirilla and microcci; but the microbe far exceeding any of the others in number is the bacterium termo.

This micro-organism does not destroy the bacillus of tuberculosis,

as is proved by the fact that an excellent culture of the tubercle bacilli can be grown from phthisical sputum which is over two months old, and which swarms with the bacterium termo; this fact I have from the lips of the late Mr. Bernard Persh of Philadelphia, a practical and accomplished bacteriologist.

I do not believe that the good effects of the inhalation of the septic bacteria are due to any direct action upon the tubercle bacilli, for its happy effects are to be obtained with the same promptness in non-tubercular chest troubles.

Upon the peculiar power, possessed by the septic microbes, of softening and liquefying the medium in which they flourish, Dr. Rittenhouse and myself infer that the good results depend; Dr. Rittenhouse considers it the best expectorant in the materia medica.

This property of loosening and destroying the tenacity of the sputa and increasing the quantity of expectoration and bacilli, thus favors the expulsion of these pests from the lungs, gives the chest freedom from the powerful expulsive efforts necessary to dislodge tough sputa, gives the lungs rest, thus favoring the filling up and cicatrization of cavities and ulceration in the bronchi and it is possible that the presence of the putrefactive germs may act as a mild irritant upon the lining of cavities and stimulate a healthier and more reparative action.

It will be noticed that one prominent feature in the pathological changes common to the three varieties of lung troubles known to have been benefited by this method of treatment, viz.: phthisis, chronic pneumonia and lobular pneumonia with its results, is the stuffing of the air vesicles with the products of inflammatory action; and what can be more rational treatment than the aid, in addition to the indicated remedies, good diet and hygienic surroundings, of a harmless adjuvant, which does not interfere with medicine and which possesses the valuable property of liquefying and assisting the removal of a source of irritation and danger?

To prepare the fluid, the white of one egg is stirred into a teacupful (8 f5) of fresh, cold water and allowed to stand in a warm place (from 70° to 90° Fah. is the best temperature) where it will be subjected to few changes of temperature; the bowl containing the fluid should be covered with a muslin cloth to exclude dust and dirt. In the course of a few days (from 4 to 6 in summer and from 8 to 10 in winter), the fluid will have a distinct, though not strong, odor of putrefaction. When this odor is developed the fluid is ready for use. An ordinary hand atomizer furnishing a *continuous* spray is used and the spray from one-half to f5j of this fluid is inhaled twice daily. The



quantity of the fluid used depends upon the amount of expectoration and character of the cough. By taking the spray tube into the mouth and embracing it with the lips, no disagreeable smell is encountered, and if care is taken not to swallow the fluid which collects in the mouth, very little offensiveness will be noticed. The spray should be drawn deeply into the lungs. One week from the time that the fluid gains its characteristic odor it becomes too rank for use and the patient must be furnished with a fresh supply; two cultures of the septic bacteria should be kept on hand; the bowls should be thoroughly cleansed before the egg infusion is added. When the expectoration is free and remains so for some time, the inhalation can be omitted until it begins to diminish and become tight. If no good results are obtained within *two* weeks, it is useless to continue it longer.

Although much good has been accomplished, and in some cases brilliant results have been obtained where no other resource gave any benefit and where the indicated remedy was without effect (especially in the "tail end" of severe colds attended with some spots in the lungs which give the patient a sensation of ulceration and which is very likely a spot of lobular inflammation), yet, nevertheless, in some cases, harm can result.

Dr. Rittenhouse notices marked vertiginous sensations and a putrefactive odor in the fresh urine when he inhales large quantities of rank fluid (say 3 f5); the doctor did this several times to see what the result would be; no other symptoms were noticed and those mentioned disappeared in the course of a few hours. One lady complained of a continual desire to pass water as long as she continued the spray; the desire to micturate disappeared promptly on its discontinuance.

A gentleman with very severe racking cough and very marked infiltration of the apex of the left lung and complete anorexia, but who had no signs of hectic, was taken, a few days after the commencement of the inhalation, with severe rigors followed by high fever and then sweat. The attacks came on in the morning and exactly resembled an attack of intermittent fever. Suspecting the cause of the chills I nevertheless persisted with the treatment several days longer as his cough was so very much improved, but I was finally compelled to desist and withdraw the fluid, when the attack recurred but twice, the severe rigors being replaced by creeping chilly sensations; his cough soon became very tight again.

These instances are the only ones which came to my notice. It will be observed that they were instances of septic *intoxication* and not septic *infection*. Fortunately the septic microbes are not possessed of any pathological power and therefore can only influence the system through

the absorption of the ptomaines generated by their vegetative activity.

"All septic organisms properly so called . . . differ in this essential respect from pathogenic organisms that the former absolutely refuse to grow in the living tissues of a living animal."<sup>1</sup>

It has been employed more frequently in tubercular phthisis than in any other chest affection. Dr. Wm. F. Marks of this city has used this adjuvant in several well marked cases of phthisis with great benefit, but what the ultimate result will be the future will decide. But its utility is not restricted to this one trouble.

It is to be hoped that the profession will give this auxiliary a fair trial in suitable cases so as to determine its place in the "therapeutics of the respiratory organs." It is to be regretted, however, that so premature a paper on the subject as this is before the medical profession. Such a paper was in contemplation after a thorough study of the matter. But, as a misleading paper on this subject will probably appear in the *Trans. of the Hom. Med. Soc. of the State of Indiana* by a physician of this city, whose insatiable thirst for fame and glory is apt to lead him into roseate extravagances of language and who had nothing to do with the treatment until Dr. S. R. Rittenhouse had employed it four weeks, I feel that it is my duty to bring the subject before the profession as well as the ascertained facts will allow. It is to Dr. Rittenhouse that we are indebted for first using an impure culture of the bacterium termo as a remedial measure and for the knowledge of the quantity to be inhaled and the frequency of its repetition as well as for valuable aid in studying its effects with the view of determining its sphere of usefulness.

I cannot sit quietly and see the "malpresentation" of a good thing without trying to rectify it and thus contribute to the easy birth of a possibly good auxiliary to our therapeutic resources.

#### CONDITIONS DETERMINING SEX.

BY E. W. MERCER, M. D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

The consideration of such a subject as this by me cannot, of course, contain much original matter, inasmuch as observations must be made on a large scale and extend through a considerable period of time. So whatever I may have collected here is principally such as has been written on the subject and is taken mostly from a German work by Carl Düring, and some breeding journals.

Every one must recognize the necessity for the existence of influence

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<sup>1</sup> *Micro-Organisms and Disease.* Klein, 3rd. edition, p. 238.



or influences by which the equilibrium of the sexes is maintained. It certainly does not just happen that there are almost an equal number of male and female children reproduced, and that there is a more or less definite ratio existing between males and females throughout the animal and vegetable kingdoms generally. As you would expect, the fluctuation is greater in the lower orders, than in the higher.

The consideration of this subject necessarily implies a good deal of theorizing, but I think there have been some facts observed which may seem rather plausible. In the human family about as many boys as girls are born—106 to 100—but the number of still births is greater in boys, and the death-rate during childhood is said to be greater, so that by the time they reach the period of reproductiveness, the number is nearly equal. In frogs, observations which have been made, have shown that while the females were in majority at birth, the males numbering from 35·7 to 37·5 per cent. of the whole number born, at more advanced periods the difference became less and less until at three years, the numbers were almost equal. So statistics among horses show the same equal division. In Prussia among 700,000 births there were 98·03 males to 100 females. Again in about 130,000 in Austrian, German and English stables, the average was 96·57 males to 100 females. But such an equal division does not exist among all animals. In many one or the other sex predominates and probably varies at different times. The female in furnishing the material for the growth of the embryo plays a greater part in reproduction than the male whose work is essentially done in most cases, after impregnation has taken place. If this is a fact, it is not hard to believe that the rapidity of reproduction depends upon the number of females.

The rapidity of reproduction through the animal kingdom seems to depend greatly, too, upon the death-rate of the respective tribes. Thus in smaller animals and those less able to care for themselves, i. e., protect themselves against the attacks of others, forming as they do their prey—reproduction is correspondingly great.

In insects, which constitute the principle part of the food of many birds, and lay their eggs in places where they are more liable to destruction, the broods are oftentimes enormous—so with birds. Song birds, according to circumstances, will lay as high as 15 or 20 eggs, and rear often more than one brood in the season, while the rapacious bird lays a much smaller number, many only two with a single brood in the year, and yet we don't notice any difference in the actual increase in these groups. In domestication when man forms a terribly

destructive enemy to animal life, how do we counteract this? By increasing the number of females. As examples, wild ducks live in pairs, but the tame in polygamy; where the pheasant has 3 or 4 hens, the domestic cock has as high as 50 or 60. The wild boar 10 or 12 sows, the tame 20 or 30, &c.

The female organs are very susceptible to many influences and the relation between them and the general nutrition of the embryo is certainly a most intimate one, far exceeding that of the male. We see examples of this in plants which, when potted, cease blooming, and animals being caged, cease reproducing their young, both being as near as possible surrounded by the conditions to which they have been accustomed, less their liberty. We see foreign women coming to this country complaining of menstrual irregularities, even though the temperature changes are almost nothing. We constantly hear from the laity of amenorrhœa having produced consumption, "dropsy," and most all other complaints when the cause of the cessation of menstruation is really the disturbance in the nutrition of the generative organs, produced by the diseased condition which may, or may not, have caused other symptoms.

The decrease or stopping of the flow from exposure to wet or cold is undoubtedly due to the excess of nutritive material being used to maintain the bodily temperature instead of being disposed of through the generative organs, as a menstrual flow seems to be an overflow.

The absence of the menses and a cessation of ovulation during lactation is an example of the sexual organs suffering at the expense of other parts of the body. Country girls, who lead a more active life, begin to menstruate later than those of large cities where their habits are more sedentary. Exercise diverts the stream of nutriment from the sexual organ, decreasing sexual activity. As a possible example of the effect of increased muscular action might be mentioned some birds, a considerable part of whose life is spent on the wing, which when compared with animals of the same size produce smaller numbers of young. So too the partridge which lives on the ground, rears ten to fifteen young, while the wild dove but two twice a year.

The mouse brings forth ten or twelve young but the bat only one. But the enemies of the partridge are more numerous and the bat has almost none except the owl, unless he strays through an open window on a summer night.

Women in warmer countries where the production of so much animal heat is not required, menstruate earlier and more profusely than in



colder climates. Race undoubtedly has an effect, but even females going from a temperate climate notice the same thing.

Position in society has its influence, the rich or at least better nourished, being more profuse than the poor.

This factor, nutrition or food supply, plays a very important part therefore in reproduction. In time of plenty when more animals could live more are reproduced, when on the contrary, the food supply is insufficient for those already living there is a decrease in the number of young. It is pretty conclusively shown too that those animals which, in spite of the poor food supply, are as productive as in plenty, bring forth young with less vitality, amongst which the death rate is greater so that the actual increase is less than under better conditions.

Another effect of nutrition may be seen in the ordinary hen ; during cold weather, that they may produce eggs, it is necessary that they be well fed and housed, otherwise all available food is consumed in furnishing bodily heat.

Domestic animals produce more young than wild ones, which must depend upon their own exertions for food.

Sheep grazing on barren hills give birth to fewer twins than those which have good rich pasture land.

Queen bees which are poorly fed lay eggs which produce no young.

From tables prepared of births of different countries it is found that the greatest number of conceptions take place in May and June. The reason this occurs in these months and not later in the summer is supposed to be due to the more rapid rise in the temperature in the spring and early summer, which of course causes a greater surplus of nutriment. It is estimated that a rise of  $1^{\circ}$  Fah. represents an increase of 5 per cent. in the number of conceptions.

On the whole there seems to be quite convincing evidence that animals have the power to regulate their reproductiveness according to the food supply, and that the rapidity of reproduction depends upon the number of females. Hence it will not be hard to see a possible truth in the assertion of observers, that in a time of abundance more females are produced, and under the opposite condition more males.

After war there is an excessive number of male births. This is said to have been so marked after the Napoleon wars that it threatened a female famine. This might be attributed to the impoverished condition following war, but it also points to the fact that animals probably possess also the power of producing in greater numbers that sex of which they stand in need.

While children of primiparæ, generally, are said to be oftener males than females, women who bare children for the first time, comparatively late in life, are said to produce a still greater number of boys than girls. This would quite agree with the theory, for if men were scarce the chances for early marriages and conceptions would be less. The records from institutions in Leipzig, Dresden and Jena, embracing 5756 primiparæ, show from the ages of 15 and 19 years inclusive, the ratio of 111 males to 100 females; from 20 to 22, 103.3; 22 to 24, 93.9; 25 to 29, 113.2; 30 to 41, 150 to the hundred. The same is seen in a table where they date from beginning menstruation. From the setting in until 3 years afterward there were 122.4 to 100; 4 to 5 years, 93.1; 6 to 7, 97.4; 8 to 10, 108.2; 11 to 15, etc., 125.5 to 100. In the few years immediately succeeding the establishment of menstruation the effect of an early conception is probably over balanced by the organs not having reached their highest degree of development and nutrition. Why should the passing beyond the acme be the cause for the excess of boys in the later years? It may be very late, but women are found to give birth to more twins between the ages of 31 and 35, which is probably the result of more frequent ovulation, hence higher nutritive condition, and at this age, boys are already found in over abundance.

So in multiparæ, the births of boys increase as the number of years increases between the births. As a possible explanation in part of the male births in primiparæ in general is mentioned the more stringent social laws regarding females than males, the latter being up to this time more active than the former. Among illegitimate births the predominance of boys is not so great. Here probably copulation commences early and is indulged in more frequently, conveying the impression of an excess of men. If the sexes are unequally divided e. g. if there are more males than females the female must be sexually more active, and as a result she will bring forth more females to restore the equilibrium.

Thus the individual which is sexually most active will beget more offsprings of the corresponding sex. A Texas breeder says: "It is a quite common occurrence with us in the herds roaming over the prairies to notice that an over-taxed bull always begets bull calves while in a herd where many bulls are kept, the females are in excess. This is especially noticeable in fancy stock raising, where animals are kept especially for breeding purposes. Stallions and bulls as they increase in age and have increased sexual duties imposed upon them, beget more males. Some one observed where a stallion served two mares in



the same day, the last was almost always a horse colt. Among sheep it is found in the early part of the rutting season, when the bucks are fresh, the number of female lambs following is in excess; later in the season the sexes become about equal; and at last the males are in excess." Düsing looks upon the relative age of the sexual product as having the direct influence on the determining of the sex in these cases. Thus with an insufficient number of male beings the latter are over active, the sperm has scarcely time to become fully formed, hence the impregnation is with relatively young spermatozoa which he considers to be one of the keynotes. The same is the case with the female; is she overtaxed copulation is more frequent. So will a relatively younger ovum become impregnated than if copulation was less frequent, and the result more apt to be a female offspring. On this principle experiments have been made on animals, allowing copulation to take place at different times in the heat; when impregnation followed an early copulation females were found in greater numbers in the offspring. Among Jews where seven days are allowed to intervene between the cessation of menstruation before sexual intercourse is indulged in, boys are found in excess. An observer taking his statistics from among his friends so that he considered them most reliable, came to the conclusion that where conception took place eight days after menstruation the result was a boy; during the first three days a girl, and the intervening days belonged in common to both sexes. This would leave out of consideration everything except the age of the ovum. With some insects, where there is such a scarcity of males that the females have never had intercourse with them, they lay eggs which bring forth only males.

Düsing finally came to the conclusion from all the observations which have been made, that in general the impregnation of a young ovum with an old sperm, under good conditions of nutrition of the mother, produces oftener females than males, and an old ovum with young sperm, particularly with a lower condition of vitality of the mother, oftener males than females.

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## Translations.

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### ON HYSTERO-EPILEPSY OF BOYS.

BY DR. LAUFENAUER, of Budapest.

Hystero-epilepsy of males shows the same symptoms as those observed in women and children, only in the latter they are less-pronounced and typical. Among other cases may be mentioned :

1. Hugo, 10 years old, descends from a hysterical mother with exquisite neuropathic eyes. On his way to school he became dizzy and fell down unconscious as soon as he entered the hot school room. After fifteen minutes he felt all right again. Since then the attacks repeat themselves frequently for the last eight months. An aura appears a few hours beforehand, and he feels as if one struck him on the mastoid process, followed by a psychical disturbance, he loses consciousness, strikes about, waits to kill the robbers and murderers, falls down, and has motory spasms. Brought into the asylum he shows a low narrow forehead and very neuropathic eyes. The left pupil is wider, both react promptly. Tongue and hands tremble; knee-phenomenon left stronger; cutaneous reflexes equal on both sides. Cutaneous sensibility everywhere normal, except on a spot on the top of right scapula, which is very painful on pressure. The branches of the trigeminus are all sensitive to pressure. Hearing diminished from chronic catarrh of the middle ear. Vision contracted, but discerns colors well. Perfect isolation from the family and strict discipline combined with kindness, restored him gradually.

2. Charley, 11 years old. Mother is hysterical, the father a neuropathic person, with bad cranial formation. A few years ago he passed through a severe meningitis. For the last few weeks he became irritably restless and sleepless. He fell down suddenly during a walk and was paretic for a few days. He is not well developed, has a hydrocephalic cranium. Right pupil more dilated, narrowness of vision, cannot discern red. Hearing normal, hyperæsthesia of acoustic. Cannot bear strong light. Cutaneous reflexes increased, the least touch causes tickling. Sitting quietly in bed, he suddenly turns red, bites and strikes; then trembles as if he had delirium tremens, sees cats and dogs, who threaten him—and after a few minutes he is again quiet. Isolation and regulation mentally and bodily soon restored him.

3. Mat., a college boy of 12 years, whose father is healthy, mother hysterical, always enjoyed good health. He goes to a preparatory school and boards with some relatives. His landlady is a hysterical spiritualist, and conversed often about spirits, and asserted that she was visited last night by a spirit. The following day the boy suddenly jumped up from the table, pointed frightened to the stove where he saw the spectre and fell into convulsions which lasted two hours. For four evenings he suffered from similar convulsions. The well-developed boy shows a hydrocephalic-cranium. The left pupil is wider, and the visual field narrowed, can hardly distinguish red. The



left accousticus is hyperæsthetic. The *nervi supraorbitalis* painful on pressure, which causes spasmodic muscular contractions. On the left side of the body all reflexes increased. Percussion on the pectoral muscle shakes the whole body. The muscular power of left hand and foot weakened. Such attacks are always ushered in by aura, he becomes depressed, does not speak, his face twitches and then chronic spasms follow, he kicks and bites, with foam at the mouth and cyanotic face. After the spasms frightful deliria. Perfect isolation from the family, massage, electricity and some ferruginous preparation removed the whole train of symptoms.

The differential diagnosis between hystero-epilepsy and genuine epilepsy cannot be made during the fit, but must be found during the intervals. The classical hystero-epileptic attack shows four periods: (1.) the epileptic period, (2.) the period of contortions and excessive motions, (3.) the period of passionate attitudes, (4.) Deliria. We often meet only one or two periods and where for example only the epileptic period takes place, the disease simulates closely an epilepsy proper, though a close observer becomes suspicious on account of the excessive hilarity, the ease of motions and the elegance with which they are carried out. The obtuseness of mind and deliria may be the same in either case. The hystero-epileptic fit does not shake up so much the whole nervous system as the genuine epileptic fit, for as soon as it did run its course, the patient gets up and acts as if nothing had been the matter with him, which is never seen in the common epilepsy. We are nearly sure that the loss of weight is greater after hystero-epilepsy than after an epileptic fit for the sweating is greater during and after the former. I might also mention, that we may recognize the hystero-epileptic patient on the penetrating odor of the patient. In most of these cases a difference in the size of pupils can be observed, even in simple, non-complicated hysteria we find this important objective symptom, and the larger pupil mostly will be found on the left anæsthetic or hyperæsthetic side. In most cases of hystero-epilepsy the field of vision is also diminished and we also meet achromatopsy and dyschromatopsy. The field of vision is mostly narrowed on the left side and the diminution is usually greater after the fit.

We must study carefully the hystero-genous or painful points on pressure, and it may happen that such a pressure produces or stops the attack. The hystero-genous points are mostly on the head, shoulders, scrotum and joints, and the affection of the latter may lead to diagnostic errors.

Anæsthesiæ are rare in children, far more frequent are hyperæsthe-

siaë, which may be present over the whole body, only on one side or only on certain spots and under these spots the muscular and tendon reflexes are increased. In children the deliria after the attack are mostly disagreeable and frightful.

In relation to the ætiology it may be said that puerile hystero-epilepsy appears in consequence of hereditary predisposition, and even where a psychical or somatic trauma may be accused, we always will find that it originated primarily from such a hereditary predisposition. My experience shows that there is a close ætiological connection between phthisis and hysteria.

A strict therapia, carried through with firmness, is sure of success in puerile hystero-epilepsy. Charcot is right when he firmly insists on isolation, on removal from the paternal home, and thus all moral, psychical, and often somatic irritations are kept away. Such children need strengthening, especially in their nervous system, which may be accomplished by the faradic or static current, by massage and hydrotherapeutics, aided by preparations of iron and china. Bromides might perhaps be used at first for a short time, when the psychical and physical reflex irritability is great, but their continuous use is certainly injurious.

*Conditio sine qua non is systematic mental and bodily occupation, for there is certainly no more dangerous hysterogenous factor than tedious idleness.*

*Remarks:* We looked through a great many works on mental and nervous diseases but find very little on hystero-epilepsy of the young and take therefore the liberty to bring it more prominently to the attention of our reader. We are in full accordance with Charcot and Laufenauer, when they insist so strongly on isolation of the patient in a maison de Santé, in order that the poor boy or girl might escape the injurious influence of misguided parents or friends. We may even try in such institutions the adjuvantia mentioned, as electricity, massage and hydrotherapy without infringing on strict homœopathic principles, but we do not believe that iron and quinine are the most beneficial remedies for such a state, nor can we agree with our esteemed friend, Dr. Hart, who mentions only Cannabis indica as the sole remedy in hystero-epilepsy. Considering it with our author an acquisition through hereditary disposition, Hahnemann's antipsorics loom up before our eyes in all their glory, for they are the only ones that are able so to change a faulty nutrition that all organs may again act normally. Just look at the pathogenesis of Calcareo ostreatum and we find it the similimum to just such youthful cases; even to the eye-symptoms.



And whenever the salts of lime and of sulfur should disappoint us, we have still a great weapon in psorinum, that dirty stuff which after all that is said against it may still become the guiding star leading to a restoration of health. Let us keep more their predisposing causes in view, and we will meet less disappointment than by treating the symptoms just found at our visit or a mere pathological name. Stick to "similia similibus curantur" in its pristine purity ; it is the law, it is our law of therapeutics, but let us not forget that we can do better yet by isolation, as Charcot and Weir Mitchell have shown, in individual cases and for that very purpose strict individualization is as necessary as in the selection of the drug. S. L.

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## Society Reports.

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### ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION—THIRTY-SECOND ANNUAL MEETING.

REPORTED BY CURTIS M. BEEBE, M. D., SECRETARY.

The Thirty-second Annual Meeting of the Illinois Homœopathic Medical Association held at Joliet, May 17, 18 and 19, was called to order by President R. A. Foster, M. D., of Chicago. A motion was made and passed that the reading of the annual address by the President be postponed until the evening session. An auditing committee was appointed as follows : L. Pratt, M. D., C. A. Weirick, M. D., F. O. Pease, M. D. Also a Committee on President's Address as follows : M. B. Campbell, M. D., and C. E. Ehinger, M. D. C. E. Ehinger, M. D., of Quincy, was elected Treasurer *pro tem*.

An informal discussion of clinical cases preceded the opening of the Bureau. A case reported by Prof. R. H. Foster, M. D., of Chicago, was of especial interest. The patient, a young woman, married 3 months, menstruated once, had all the symptoms of pregnancy, together with a discharge of bloody serum and two attacks of sudden and violent pain. Could detect a soft fluctuating swelling in the right ovarian region ; diagnosis extra-uterine pregnancy. The use of electricity five minutes every day had caused the tumor to shrink in size and the pain to be entirely relieved. The doctor has only had the case under observation two weeks and considers the difficulties of diagnosis very great so early in the pregnancy. Prof. John W. Streeter, M. D., of Chicago, stated that electricity cures every case ; that the prognosis for the mother is more favorable if foetal life be suspended than if the pregnancy be permitted to continue to full term, and that the physician should not wait until absolutely certain of the diagnosis,

but when the indications point to extra-uterine pregnancy, the earlier electricity is applied the better.

The Bureau of Legislation, Jurisprudence, and Education, John A. Vincent, M. D., of Springfield, Chairman, made an extended report of what the Legislature was planning and how homœopathy could best secure representation in State Institutions. Among other things was noted the fact that the Old School had a majority of the State Board of Health, and that homœopathy should be represented by one more member.

The Bureau of Obstetrics reported as follows: A. A. Whipple, M. D., of Quincy, subject, "Vomiting of Pregnancy." Discussed by Prof. L. C. Grosvenor, M. D., of Chicago, who said he had had but one case of vomiting of pregnancy which was not relieved by remedies. It was a patient with a very bad case of endocervicitis. My usual treatment is sulphate of hydrastia, dissolved in water sufficient to give the water a straw color, to be taken *ad. lib.* If heartburn accompanies the nausea put salicylic acid in the same glass. For pyrosis use apollinaris water. The first case that interested me when a student with an old school physician was a case of vomiting of pregnancy cured by a homœopathic physician with ipecac 3x.

PROF. JOHN W. STREETER, M. D., of Chicago, spoke upon the same paper as follows: I have had some unmanageable cases. My best remedy is chicken's gizzard, 10 gr. doses as often as necessary. My second best remedy is skunk cabbage, 400x. Look out for some local cause. Examine the pelvic organs. You may find some uterine displacement, constipation, inflammation of the neck of the womb or very light contraction of the cervix. Dilation of the cervix in very severe cases is often followed by relief. The dilatation should be gently carried on until the canal is large enough to admit the index finger. In a few cases it has been necessary to bring on a miscarriage.

DR. L. C. GROSVENOR then read a paper entitled "Dressing the Lady and her Couch for Labor." The paper was very warmly applauded, and questions and discussion occupied considerable time. Dr. John W. Streeter discussed the paper as follows: Chloroform and forceps are used in two-thirds of my cases, not because they are necessary, but because they save hours of suffering and are absolutely safe. I apply the forceps with the hips elevated upon a pillow, and introduce the second blade first in the high operation. When the occiput is posterior at the outlet, I prevent farther descent, and rotate the occiput



to the pubis, and the head is born in this way without rupturing the perineum.

E. M. HALE, M. D., Chicago, then read a paper upon "Infectious Mammary Abscess."

The Bureau of Ophthalmology and Otology, Prof. J. H. Buffum, M. D. of Chicago, presented a paper on "Purulent Conjunctivitis." It was discussed by C. W. Enos, M. D., of Jerseyville, and F. H. Foster, M. D. The latter suggested radial incisions through the ocular conjunctiva to clear up the cornea in the second stage of the disease. F. H. Foster, M. D., of Chicago, read a paper on "Granular Conjunctivitis, treated by the application of Jequirity." The Bureau of Materia Medica presented a paper by F. W. Gordon, M. D., of Sterling, on the subject of "Practical Medicine." Prof. Foster then read a paper on "Rest as a Therapeutic Resource." Many interesting cases were cited illustrating the proposition. The Bureau of Pathology, Physiology and Histology, offered a very valuable paper by Prof. Clifford Mitchell, M. D., of Chicago, on the "Examination of the Urine in Kidney Diseases;" also one by F. O. Pease, M. D., of Morgan Park, citing cases of "Phthisis resulting from cardiac Valvular Diseases," one by Prof. M. G. Blum, M. D., of Chicago, upon "The place of Sarcoma and Carcinoma in Pathology," and one by Willis Danforth, M. D., of Milwaukee, on the "Cause of Zymotic Diseases."

The Bureau of Diseases of Women reported a paper by Prof. John W. Streeter, M. D.,—subject, "Uterine Carcinoma," in which he emphasized the importance of early diagnosis, because then the disease is local, and the removal of the cervix constituted the removal of the disease.

The Bureau of Clinical Medicine reported a paper by Prof. J. S. Mitchell, M. D., of Chicago—subject, "Pneumatic Differentiation." Many physicians testified to the virtues of the pneumatic cavity, and cited cases of phthisis, congestion of lungs and asthma cured by this means. Dr. C. E. Ehinger read a paper on the subject of "Functional Heart Derangements." This paper considered the relative importance of functional and organic heart disease, and the influence of alcohol and tobacco in their causation.

W. A. SMITH of Wenona, read a paper on "Peritonitis." The Bureau of Neurology, Psychology and Electrology, presented a paper by E. C. Williams, M. D., of Chicago—subject, "A Case of Cerebral Thrombus."

The Bureau of Surgery had a report embracing a paper by Prof.

Henry Sherry, M. D., of Chicago, on "A Case of Epicystotomy;" one by Prof. Curtis M. Beebe, M. D., of Chicago, on "Gonorrhœa;" one by Prof. E. H. Pratt, M. D., of Chicago, on "Rectal Pockets and Papillæ." Many physicians testified to the virtues of the operation of cutting away the papillæ and pockets from the rectum, and of stretching the rectum. Among the number were Prof. G. A. Hall, M. D., of Chicago, C. A. Williams, M.D., of Chicago, H. P. Skiles, M. D., of Chicago, C. A. Weirick, M. D., of Marseilles, and Dr. Cowell, of Elmwood. A paper was read by Chas. M. Rorer, M. D., of Chicago, on "Cancer of the Breast;" one by M. B. Campbell, M.D., on "Pyæmia." (This was a very able paper, and was criticised very favorably by Prof. Sherry); one by T. J. Merryman, M. D., of Champagne, on "Powder Stains;" and one by Prof. G. F. Shears, M. D., of Chicago, on the subject of "Cleft Palate."

The Bureau of Diseases of Children had a paper by C. B. Kinyon, M. D., of Rock Island, entitled "Some of the Poisons generated in Meat and Milk"; one by J. J. Lobaugh, M. D., of Elmwood, on the "Value of Diagnosis in Diseases of Children." One by M. G. Hill, M. D., of Sterling, entitled "Clinical Cases"; one by T. C. Duncan, M. D., of Chicago, on "Infant Development and Longevity"; one by Prof. Chas. Gatchell, M. D., of Chicago, on "Intubation of the Larynx."

The Bureau of Anatomy offered a paper by Prof. Henry Sherry, M. D., upon "Private Dissecting Rooms." The Bureau of Sanitary Science and Hygiene, had papers by Howard Crutcher, M. D., of Chicago; subject—"Sanitation of the Contagious Diseases," and one by Prof. L. C. Grosvenor, M. D.; subject—"Our Boys."

The Bureau of Necrology and Statistics, Prof. L. C. Grosvenor, M. D., Chairman, made the following report:

WHEREAS, in the course of human events one of the honored and oldest members of our Association, Prof. A. E. Small, M. D., of Chicago has left us for a nobler life beyond, and

WHEREAS, he was recognized as one of the pioneers of Homœopathy in America and one of the founders of the first Homœopathic College in this country, and

WHEREAS, he occupied for several years a professorial chair in this College with distinction and for one half a century has been known as an efficient Instructor and Practitioner of Homœopathic Medicine, and

WHEREAS, he filled with distinction the highest position of honor in the gift of the largest body of homœopathic physicians in the world, in addition to innumerable positions of trust and influence at the hands of the homœopathic profession, and



WHEREAS, this great and good man so universally respected will meet with us no more, therefore be it

*Resolved*, that we the members of the Homœopathic Medical Association of the State of Illinois, in convention assembled, do humbly and reverently bow to this mandate and recognize in the death of our lamented colleague, Prof. A. E. Small, an irreparable loss to this body and to the homœopathic medical profession of the world.

*Resolved*, That we desire to express our appreciation of him as a teacher, an author, as a prominent member of the profession, and as a noble hearted man; and we sincerely believe that all who knew him were the better for the knowledge.

*Resolved*, That we feel grateful to our Master that he was permitted up to the hour of his call, Dec. 31st, 1886, to continue his professional duties and, although advanced in years, to leave us while yet in the full enjoyment of his professional glory.

*Resolved*, That we extend to the family and friends of our deceased brother our deepest sympathy and sincere condolence.

A resolution was introduced by Prof. R. N. Tooker, M. D., Chicago, as follows :

WHEREAS, Our State Board of Health has deemed it proper to introduce to the Legislature an Act to Regulate the Practice of Medicine whereby non-licentiates of legally qualified Medical Colleges shall be debarred from practice without undergoing an examination on the principles of medicine, and

WHEREAS, We fully believe that no one is qualified to practice medicine without a full and thorough course of study in all of its various branches, therefore

*Resolved*, That we heartily endorse the action of the State Board of Health and give it hereby our unqualified approval.

Dr. R. N. Tooker, also offered the following :

*Resolved*, That a committee of two be appointed to extend in behalf of the Society an invitation to some prominent physician outside the State to deliver at its next annual meeting an address or paper upon some medical subject to be selected by himself.

Committee appointed was Prof. R. N. Tooker, M. D., of Chicago, and whomsoever he may elect.

Committee on President's address reported as follows :

That the Secretary be instructed to have 3000 copies of the President's address printed in pamphlet form for free distribution to the members of this association.

Prof. Pratt and Prof. Foster each extended in behalf of the Society,

the most hearty thanks to the resident physicians, especially to Dr. M. B. Campbell, to the prison authorities, and to the Y. M. C. A. for their building.

The following resolution was adopted :

*Whereas* the discussions called forth by the various papers and Bureaus are so full of the pith and point of the clinical experiences of earnest and working members, and are of great interest and value to the profession at large, these discussions containing so much valuable material that should be preserved, as being practical and clinical demonstrations for or against the papers calling them forth; and *whereas* there is and has been disappointment on the part of a majority of the profession that these discussions have not heretofore been published, therefore be it

*Resolved* that this Association shall at future meetings have provided sufficient stenographers whose duty it shall be to make verbatim reports of the discussions and other valuable matters not presented in writing ; also that said verbatim reports shall be published with the papers calling said discussions forth.

The election of officers resulted as follows :

President, C. B. Kinyon, M. D., Rock Island ; First Vice-President, G. A. Hall, M. D., Chicago ; Second Vice-President, F. W. Gordon, M. D., Stirling ; Third Vice-President, H. P. Skiles, M. D., Chicago ; Secretary, Curtis M. Beebe, M. D., Chicago ; Treasurer, A. A. Whipple, M. D., Quincy ; Censors, J. W. Coyner, M. D., Peoria ; W. J. Hawkes, M. D., Chicago ; J. S. Mitchell, M. D., Chicago ; C. A. Weirick, M. D., Marseilles ; L. Pratt, M. D., Wheaton.



## Editorial.

### THE TREATMENT OF CONSUMPTION.

The medical profession has about reached the conclusion that in the treatment of pulmonary consumption, medication, properly so-called, is well nigh useless. After the lapse of nearly the whole of this nineteenth century, with its amazing progress and development, and with its immense improvement in nearly all that pertains to medical and surgical science, it must be confessed that as against this one disease "medicine" has made very little progress and is almost as helpless to-day in the presence of this destroyer, as in the first year of the century. One therapeutic theory after another has been invoked; drug after drug has been tested; cod-liver oil, hypophosphites, iron, quinine, blood, beef, whiskey, oxygen, and a whole series of other agents have been tried in succession, with the almost unvarying result,—failure. Something must be said, it is true, of the value of atmospheric, climate and other influences, but so far as purely medicinal treatment is concerned, the sum of the medical profession's best endeavors is as yet but little above zero.

This as regards allopathic methods. Not a great deal more can be said of homœopathy. Statistics of private practice, however, do show that in Philadelphia during the year 1872 at least—the only year for which these statistics were prepared—the mortality from consumption, under homœopathic practice was about five-sixths of that which occurred under allopathic practice, that is, presuming that an equal number of patients were treated by each physician. There was one important feature about the statistical figures worthy perhaps of more notice, viz.: that

while the average age of those dying under allopathic treatment was 33 years, 9 months and 23 days, the average age of those dying under homœopathic treatment was 36 years, 6 months and 12 days—a difference of about 2 years and 9 months in favor of the latter treatment. So that while it may with comparative safety be said that homœopathy furnishes a better treatment than allopathy, it seems probable that the difference in mortality-rate under the two methods is due, not so much to actual homœopathic cures as to the fact that the *general* health of individuals and families is better maintained under homœopathic than under allopathic treatment. (See *Transactions of American Institute of Homœopathy*, 1873, p. 640). So far then as the *medical* treatment of consumption goes, the likelihood of a cure in any given case is not materially stronger than it was a hundred years ago.

It is not surprising, therefore, that physicians are ready to accept for the purposes of experimental test, any new method that offers the slightest promise of efficiency and success in so intractable a malady. Nor are they at all fastidious about credentials. It is probable that in the treatment of pulmonary phthisis physicians have more frequently stepped aside from the beaten path to test the possibilities of "illegitimate" modes than in the treatment of nearly all other diseases combined. They have almost gone wild over some promising method, as witness the recent craze over the employment of gaseous enemata!

It is interesting to observe that the special attention which the gaseous treatment has directed to the subject of phthisis, has resulted in a more gen-

eral recognition of the fact that the rapidly fatal effects of the disease are almost purely incidental. In other words, that the fatal result cannot be explained merely by the extent of the tissue disorganization, since much more extensive disorganization of other tissues does not necessarily imperil life. The new treatment seems also to have directed renewed attention to the well-known fact, that death does not result from non-aëration of the blood, due to impairment of lung tissue, but to the exhaustion consequent upon the racking cough, the relentless fever, and the impaired nutrition, and that the first-mentioned, local cause is but insignificant as compared with the others, indicating, as they do, a profound constitutional involvement. These general, septic consequences of the local disorganization have doubtless had much to do with bringing about the extensive experiments now being made with gaseous enemata, and exciting the hope of possibly arresting, or at least diminishing the process of septic infection. It has been this view of the *modus operandi* of Bergeon's method that has led to its experimental employment by homœopaths, Bergeon himself ascribing its alleged beneficial effects to its power of destroying septic material.

This month we have to call attention to yet another mode of dealing with the infective germ of phthisis—namely, its destruction by means of the germ of putrefaction—the *bacterium termo*. An interesting paper on the subject by our homœopathic colleague, Dr. W. A. Haman, of Reading, Pa., will be found in another part of this journal, and the results obtained, meagre though they are, will be the occasion, doubtless, of much interest to our readers. Dr. Haman will be remembered as the author of a paper in the February HAHNEMANNIAN describing some original researches of his own, in relation to the migration of

the white blood-globules during inflammation. Dr. Haman writes in the conservative style of the true man of science, who is more anxious to get at the truth, than to bolster up some petty hypothesis. We commend his paper to professional attention.

## Notes and Comments.

The University of Edinburgh has nearly 2000 medical students.

Yellow fever made its appearance at Key West, Florida, on the 21st of May.

Two letters make all the difference between a crack doctor and a quack doctor.

Pruning shears are recommended as a superior substitute for the cartilage-knife in autopsies.

Dr. W. H. Dickinson, (homœopathist), is president of the Iowa State Board of Medical Examiners.

Out in Chicago the doctors are removing rectal pockets from the urethra. Anyhow that's what *The Clinique*, says.

"Egypt is distinguished as the birth-place of beer."—*Exchange*. It is also celebrated for some other matters of minor importance.

The New York Ophthalmic Hospital College, should confer its degree upon John L. Sullivan. He is quite distinguished as a knock-you-list.

Some allopathic brother down South has found out—we mean "discovered"—that dioscorine will cure hepatic colic. Wonder how he got at it!

A single firm recently occupied eight pages in the *Chemist and Druggist* in advertising their sponges. And an "ad" in that journal costs "like sixty."

Dr. T. F. Rumbold, of St. Louis, attributes the obstinacy of nasal catarrhs in men to the use of tobacco and stimulants, and in women to insufficient clothing.

Professor Julius Pohlman, attributes the early decay of human teeth to deficient exercise of their natural function. And this in the face of our American tobacco habit.



The front of the old Hahnemann College building in Filbert street, has been knocked out and a new brick front substituted. The structure is being converted into a hotel.

The *Medical Visitor* for June has an interesting little biographical sketch of Dr. F. H. Orme, of Atlanta, Ga., president of the American Institute of Homœopathy. The sketch is from the *Advance* for May.

A felon should be opened midway between the artery and the tendon. If necessary, it can be opened on both sides. If the sheath of the tendon is opened, the tendon will almost always slough, and the finger will be useless. John Ashurst, Jr., in *Polyclinic*.—*Albany Medical Annals*.

A recent writer in one of our exchanges gives as a reason for his desertion of the homœopathic ranks and his desire to be identified with the allopathic school, the fact that "the dominant school is skimming off the cream about as fast as it rises." Is he thinking of going into the butter business himself?

Judge Fuller, of Mecosta County, in "State of Michigan vs. Vanimmans" recently sustained a physician in his refusal to furnish expert testimony without special compensation. He said "the physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery without pay, to feed the jury."

A recent epidemic of typhoid fever in Cambridge, Mass., has been definitely traced to the New Hampshire dairy which supplied the victims with milk. The privy vault near the house drained into the well from which water was taken to wash the milk cans, the privy-vault having been itself infected by a typhoid fever case a short time previously. Moral: Always disinfect typhoid fever excreta thoroughly before emptying them.

Dr. Ephraim Cutter, after having prudently emigrated from New England to New York, denounces the "consumption of baked beans," and the *New England Medical Gazette* takes up its cudgel in defense of this institution of

the land of the Pilgrim Fathers, and protests that this peculiar form of "consumption" is in no wise a dangerous malady. Strange, isn't it, that both these authorities should overlook the danger that lurks in the baked potato, which is certainly tuber-cular.

Dr. J. P. Sutherland, the distinguished editor of the *New England Medical Gazette*, in a historical article (June, 1887) shows that Hahnemann's first formal announcement of the doctrine of dynamization was not made until about 1825-27. There is an organized body of physicians who hold that a belief in this doctrine is an essential and necessary part of the homœopathic creed. Do these physicians undertake to assert that Hahnemann himself did not become a true homœopathist until he was seventy years old?

Dr. Lewis Barnes, in "number six" of his series of papers on "the seven fundamentals of the Organon," now being published in the *Advance*, shows very conclusively that the multitude of unconsidered trifles which cumber our materia medica and impair its reliability, would never have crept into it, had Hahnemann's plain teachings in section 135 of the *Organon* been followed. And yet Drs. Hughes and Dake and their consultative committees are being denounced as un-Hahnemannian for their efforts to rid our materia medica of just such misleading and disappointing symptoms.

"Some years ago," says Dr. Lewis Barnes in the *May Advance*, "I published a few articles on the redundancy and confusions of our materia medica, and re-examined a few drugs on the following plan: I proceeded through the copious records of poisonings, provings, practical, etc., records recording for each drug the first symptom discovered, which could not probably have resulted from any other cause, or which so directly followed that all reasonable doubts were removed. When another symptom was found which appeared on due consideration to be but a different form of expression for the same thing, it was passed over; but if really something else, it was recorded. So I passed through Jahr's *Symptomatology*, Teste, Hale, Hempel, and all the standard works then out. I called upon the professor to name any well established

symptom which was not fairly included in my record. None were named. And the record was surprisingly short. I went through the whole *materia medica* as it then stood, for my own profit, and it has been my chief text-book (in manuscript) ever since. It would not make a book of more than two or three hundred pages. It cost me more than a year's labor. I would re-write it with additions as have since been made in new works, but am too old, dilapidated and lazy for such a task. Other hands must do the required work, with more knowledge and perhaps on a better plan. Something must be done. The profession must be brought back—or onward—to such a *materia medica* as can stand upon the principles of the Organon."

### New Publications.

**ANÆMIA.** By Frederick P. Henry, M. D., Prof. of Clinical Medicine in the Philadelphia Polyclinic. Philadelphia: P. Blackiston, Son & Co. Pp. 134.

This treatise is a reprint of a series of articles published in *The Polyclinic*, during the past year. It treats exhaustively of the various forms of anæmia, and is calculated to supply a long felt need in this branch of pathology.

The varieties of anæmia are appropriately classified according to their origin.

Dr. Henry considers anæmia, in its various forms, a very general complaint, and the real cause of the sufferings of many persons who are "run down" and supposed to be victims of "nervous exhaustion," as well as of much invalidism among women of "delicate constitution."

This little book is written in an interesting manner and amply repays its perusal.

**THE VEST POCKET ANATOMIST** (*founded upon Gray*.) By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition, Enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy and DISSECTION HINTS. Detroit: THE ILLUSTRATED MEDICAL JOURNAL Co., 1887, cloth, 86 illustrations, 154 pages, post-paid, 75 cents.

This little book is an invaluable Dissecting-room Companion, and a deservedly popular one among students. It contains an immense amount of information in small space and numerous topographical plates of muscles, nerves, etc., photo-engraved from the English cuts in Gray's Anatomy.

**A PRACTICAL TREATISE ON DISEASES OF THE EYE.** By Dr. Edward Meyer, Prof. à l'Ecole Pratique de la Faculté de Médecine de Paris, Chevalier of the Legion of Honor, etc. Translated, with the assistance of the author, from the Third French Edition, with additions as contained in the Fourth German Edition, by Freeland Fergus, M. B., Ophthalmic Surgeon, Glasgow Royal Infirmary, etc., etc. With two hundred and sixty-seven illustrations and three colored plates. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut St. 1887. pp. 647.

This valuable treatise, which the translator considers "not only the most concise but also the most comprehensive" that he has ever met with on the subject, has been translated from its original language French, into English, German, Italian, Polish, Spanish, Russian and Japanese.

It treats, in excellent manner, of the various pathological conditions of the eye, its appendages and the orbit, also of the anomalies of refraction and accommodation. The text is illustrated with an abundance of wood cuts, in addition to which there are a number of plates from Liebreich's Atlas of Ophthalmology. The various subjects are treated of with much care; the description of the operative procedures for cataract being particularly fine. Glaucoma has due notice and opinions of the glaucomatous condition he briefly summarizes. Altogether we are pleased with the work. B. W. J.

**A PRACTICAL TREATISE ON OBSTETRICS.**—Vol. IV. Obstetric Operations. The Pathology of the Puerperium. By A. CHARPENTIER, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV. of the "*Cyclopedia of Obstetrics and Gynecology*" (12 vols), issued monthly during 1887. Price of the set \$16.50. New York: William Wood & Company.

The last volume of this valuable work



is on our table and is equal in worth to the preceding ones. The contents in part 7 are embraced in chapters on—

Version: by external manipulations; bipolar; by internal manipulations, obstacles and difficulties to version.

The forceps: varieties and description; the indications for use; rules for application; method of action; application in the various presentations; frequency of use; prognosis.

The filet; the sericeps; the lever; the induction of artificial labor.

Induced miscarriage; the Cesarean section; statistics; laparo-elytrotomy; description of the operation; prognosis.

Porro's operation. Post mortem Cesarean section; Delivery *per vias naturales* as a substitute for the post-mortem Cesarean section; symphyseotomy. Embryotomy: perforation, cranioclasty, cephalotripsy, cephalotomy, intra-cranial cephalotripsy.

The last five chapters are the most interesting, embracing as they do the pathology of the puerperium. Microbes in the lochia of three septic puerperæ are illustrated, also septic vibrio from the blood, septic bacteria of different shapes, microbes from pus and blood 24 hours after culture and various other microscopic appearances of puerperal forms. The colored plate gives Næggerath's saprocyte out of and in the culture field, also common puerperal streptococcus, and likewise a slender bacillus like that of tuberculosis, large diplococcus, coccus in chains and rod bacteria. B. W. J.

**PRACTICAL LESSONS IN NURSING. MATERNITY, INFANCY AND CHILDHOOD.** Hygiene of pregnancy; nursing and weaning of infants; the care of children in health and disease. By John M. Keating, M. D. Philadelphia: J. B. Lippincott Company, 1887, 12mo; pp. 221. Cloth, price \$1.00.

**PRACTICAL LESSONS IN NURSING. OUTLINES FOR THE MANAGEMENT OF DIET;** Or regulation of food to the requirements of health and the treatment of disease. By Edward Tunis Bruen, M. D. Philadelphia: J. B. Lippincott Company, 1887, 12mo; pp. 133. Cloth, price \$1.00.

These two books are part of a series of four volumes on the Art of Nursing. One of these—Nursing in Nervous Dis-

orders—we have already noticed. The titles of these two sufficiently indicate the character of their contents. As to the quality of the works, they are sufficiently instructive to be worthy the study of the physician and sufficiently plain, clear and impressive to be constantly useful to the laity. It would be difficult to find a book more suitable to recommend to the prospective young mother than that of Dr. Keating. The best work on "Domestic Medicine," ever published, is not worthy of comparison with this book on an important department of "Preventive Medicine." Dr. Bruen's work also is suggestive to the physician, and in a high degree instructive to the intelligent patient.

**PRINCIPLES OF HYGIENE for the School and the Home.** By Ezra M. Hunt, A. M., M. D., Secretary of the State Board of Health of New Jersey, and Instructor in Hygiene in the New Jersey State Normal School, etc., copyright, 1886, by Ivison, Blakeman, Taylor, & Company, New York and Chicago. pp. 382.

The author of this book is well known for his deep interest in, and familiarity with, the subject of public health, and when he issues a work intended to furnish a text-book for the people on the important subject of Hygiene, we have confidence that it will contain as it does, information just suited for practical use in correcting unsanitary modes of living and in correcting improper surroundings calculated to injure the health of individuals or communities. The chapters on "the earth as related to human health;" "water in its relation to health;" and "drinks and condiments" are particularly good. In regard to the effects of alcohol as a food he says: when we turn to the physiology of digestion and of the appropriation of foods in the system we find nothing whatever to indicate that it was ever intended to be used by mankind as a food." "As a rule it interferes with nutrition." B. W. J.

**THE ELEMENTS OF MODERN DOMESTIC MEDICINE.** By Henry G. Hanchett, M. D., author of "Sexual health," "Teaching as a Science," etc., revised by A. H. Laidlaw, A. M., M. D. New York: Chas. T. Hurlburt. No. 3 East 19th St. 1887. pp. 377.

While mainly aiming to point out to

younger adults practical medical points he begins with a chapter on "*First things*" under the part from birth to puberty. He gives considerable attention to adolescence under a title of "From climax to old age." Two sections interwoven "*From Puberty to Matrimony*" and from "*Matrimony to the climax*," and then in part 5, he gives "*the means of cure*." We were inclined to believe that the unmarried people were unworthy of medical notice until this passage met our eyes under marriage.—"It may safely be said that the unwilling and the incapable stand a better chance of happiness, and health of body and mind, outside than inside the bonds of matrimony." He opposes alcohol and gives some very good advice under the article, "*The decline of life*."

**SEXUAL HEALTH.**—a companion to "Modern Domestic Medicine." By Henry G. Hanchett, M. D., author of "Modern Domestic Medicine," "Teaching as a science," etc., revised by A. H. Laidlaw, A. M., M. D., New York: Chas. T. Hurlburt, No. 3. East 19th St., 1887. pp. 86.

This separately bound chapter of Dr. Hanchett's Modern Domestic Practice, with its own materia medica and index of symptoms, is a practical and a useful one. He is plain and clear in his treatment of the subjects written about, and that is commendable. His instruction to boys we like as also his ideas upon "consanguinity" and "identical temperaments" and "criminal marriages" as he considers them to be in persons afflicted with consumption, scrofula, etc. He believes the monastic system to be a failure and thinks well of mixed schools for boys and girls until the higher grades of education are reached. He is quite right in believing that advice to parents without information is useless in most instances. B. W. J.

## Gleanings.

**Suprapubic Cystotomy for purposes other than the extraction of calculus.**

At the recent meeting of the American Surgical Association, Dr. Jno. H. Packard read a paper bearing the above title. With regard to the proposed surgical procedure, he said that the questions which arise are: How far is it free from risk in itself? How far does it effect the object in view? What are the difficulties attending its performance?

And comparing the same procedure with others having the same end, the same questions must arise in a comparative form: Is it more or less safe? Is it better calculated or not so well to effect the desired object? He entered into the discussion of the details of the methods adopted in opening the bladder above the pubes. First the most thorough antiseptic measures were advised. In regard to having the bladder distended he said that most of his cases were of the character in which the organ had been already in danger of bursting from the pressure of the contained urine. With regard to the distension of the rectum, he thought that there is less risk and more advantage. By thus preventing the sinking of the bladder into the pelvis until all the arrangements for drainage have been fully made, one possible source of danger and embarrassment is set aside; with regard to steadying the bladder by the hand of an assistant, when the incision or puncture is to be made, as recommended by some, he thought the procedure not only needless but objectionable. The incision through the skin should be free enough to give ready access to the deep parts. In fat persons, it must be about three inches long, but when the abdominal wall is thin, two inches will suffice. When the incision is made in the median line, no vessels of any importance can be encountered. Before opening the bladder, it is very necessary to get control of it in some way, lest it should as the urine flows out, collapse, settle back into the pelvis, and render the orifice made by the surgeon very hard to find. It may become still more difficult to insert a canula. For this purpose, he recommended a small, double hook, recurved and set at a right angle on a stem. A small tenaculum may be made to answer the same purpose, though its sharp point is objectionable, when a large opening is to be made into the bladder for the purposes of exploration, the ligature is the best method of all for this purpose.

A curious proposition has been made by Duchatelet, and is quoted by Villeneuve, that the opening in the bladder should always be made through the peritoneum, and thus, as he says, that "plasticity should be substituted for friability." Considering the view that the danger of wounding the peritoneum has always been one of the strongest



objections to the supra-pubic operation, it is only the bolder of the bold who would be thus likely to take "the bull by the horns." In regard to the proper point at which to open the bladder, he thought that many authors in avoiding Scylla had steered into Charybdis. In attempting to avoid the peritoneum, they had made their incisions so low that the opening must sink below the pubes when the bladder was contracted. In his own opinion the best point is at about the middle of the exposed portion of the viscus.

For drainage, he preferred a soft rubber tube of a length to be determined for each case. It should go well into the bladder even when collapsed, and should have lateral openings only near its inner orifice. He did not favor the proposition to have the patient lie on his belly in order to facilitate drainage, because of the discomfort it occasioned. If the opening into the bladder had been large, he recommended the use of two or three catgut sutures. The external wound should be closed also with catgut or silk worm gut and the drainage tube may be secured by passing through it one of the sutures.

In conclusion, it would seem, he said, that there had been a mixture of tradition and a sort of superstition in the feeling with which this operation has been regarded. The proportion of absolute successes so far as he was able to calculate, was eighty per cent., and the instances in which bad consequences were attributable to the operation about eleven per cent. And in working at the cases in detail, it seemed to him that on all counts of the indictment, danger of peritonitis, danger of infiltration of urine and urinary gases, danger of urinary fistula, a verdict of at least "not proven" may fairly be asked for.—*Medical News*, May 21, 1887.

#### Some Diagnostic Points in Stricture.

Although the diagnosis of stricture of the urethra appears like a simple matter, it is certain that errors are frequently committed even by experienced physicians. It is especially common to see the diagnosis of stricture made, when no stricture exists. A boy of sixteen years who entered the service of Prof. Guyon at the Necker Hospital in Paris, furnishes us an example. The history showed that his mother was tuberculous. At the age of eleven, he suffered from incomplete incontinence

of urine and passed bloody urine. Six months before entering the hospital, he sustained a traumatism of the penis.

When an attempt was first made to pass a sound in order to give electrization to the parts, an obstacle was met with which strongly suggested stricture; still, excepting for the traumatism, which had been severe enough to cause hæmaturia, there was nothing in the case to account for a stricture of the urethra, strictly speaking. On the other hand, being the offspring of tuberculous parents and having had incontinence of urine and frequent desire to urinate, he presented all the symptoms which would lead one to think of spasm of the urethra, and in fact, it was soon possible to pass a large metallic instrument and show this to be the case. We could in such a case presuppose the non-existence of stricture in conforming to two principles which should ever guide in the diagnosis of similar condition. It can be said, in fact, that we are not justified in considering a case one of stricture in a patient who has not at some time had either a gonorrhœa or has sustained a traumatism or has had an ulceration of the urethra. The last mentioned condition it is true, is very rare and should hardly enter into consideration. A second and more important point is that in a general way, a stricture should not be diagnosed as such until it has been passed, while, as a rule, the very opposite is done. It is only in passing a stricture that we can recognize its characteristics by the grasping of the instrument, and especially by the sensation caused by the multiple doings which constitute the lesions. The sensation is communicated by the instrument both in its introduction and withdrawal, but can only be well appreciated when the olive-shaped bougie à boule is used. Impassable stricture must, of course, be diagnosed by other means. When there has been traumatism, as is often the case in impassable stricture, a difficulty in diagnosis often arises from its association with gonorrhœa or the effects of coitus. In severe gonorrhœa, the inferior wall of the urethra loses its extensibility and rupture may result. There is a variety of traumatism which results from what Dr. Guyon calls the *faux pas* of coitus, due to a faulty entrance in the act of copulation, and resulting in a slight rupture of the ure-

thra, followed by a discharge of blood. This may, more frequently than is generally supposed, lead rapidly to stricture.

It is then not because a patient complains of an alteration in the stream of urine that we should hasten to make the diagnosis of stricture. In examination a good sized bougie a boule should first be tried. The differential diagnosis with spasm is important and founded on the following symptoms: whenever there is painful and difficult urination frequently repeated, a spasm may be found as the cause. These patients are often subject to a painful affection of the bladder particularly tuberculosis. It must be borne in mind that the spasmodic stricture offers resistance to the entrance of instruments, but not to their withdrawal, and once passed the stricture for the time being, ceases. Again spasm has the peculiarity of resisting soft instruments and giving way to solid ones. Spasmodic strictures are frequent and especially to be met with in narrowing of the meatus, cystitis and many other affections.—*Journal of Cutaneous and Venereal Diseases*, June, 1887.

#### Case of removal of both Parotid Glands.

Dr. Wyeth presented at a recent meeting of the New York Surgical Society, a patient from whom he had removed round cell sarcomata of both parotids. The main facts of the case were as follows: Z. M., aet. 47, began about sixteen months ago, to notice enlargement of both parotids which continued until her admission into Mt. Sinai Hospital. She was strongly advised *not* to have an operation and was told that even if she survived, facial paralysis would result, but she insisted on being relieved. The right external carotid and superior thyroid were tied, and the neoplasm on the corresponding side was then dissected out. Three months later the more extensive growth on the opposite side was removed with great difficulty. The patient made a good recovery. A careful examination of both tumors was made by a competent microscopist, who pronounced them to be round-cell sarcomata. Attention was called to the fact that the patient had facial paralysis on both sides more marked on the left. She could not close her eyes completely but there was no keratitis. She was

much troubled with dryness of the mouth and had been advised to use olive oil, which had benefited her. There was no trouble about her nourishment, as she was restricted mainly to liquid diet. There was slight motion of some of the muscles on the left side of the face, but it was difficult to tell whether it was the group supplied by the motor branch of the fifth nerve, or those supplied by branches of the facial. The patient could talk very well.—*Medical News*, April 30, 1887.

#### Vaginal Pressure in the Treatment of Chronic Pelvic Disease.

The application of pressure in diseases of the uterus was first advocated by Dr. Taliaferro, of Atlanta, Ga., in 1878. The author recommended this method in the treatment of diseases of the uterus and other pelvic organs that are characterized by habitual passive congestion and its results, namely, uterine displacements, enlargement, relaxation, cervical erosions, menstrual disorders, etc. The method consisted in firmly packing the vagina with sheep's wool made antiseptic with carbolic acid. The tampon should be applied with the patient in Sims' position, in order that the vaginal canal should be distended and elongated to its utmost capacity. He further advised that the first few pieces composing the tampon should be of cotton, for the reason that a greater amount of glycerine may be incorporated with that substance than with wool. He claimed that the therapeutic effects of this treatment are as follows:

1. It diminishes blood supply and nutrition.
2. It promotes absorption.
3. It renews hyperplastic tissue by retrograde metamorphosis.
4. It diminishes nervous action.
5. It rectifies malpositions.

Dr. A. Reeves Jackson of Chicago, has adopted Dr. Taliaferro's in the treatment of many cases and with success. In applying the method he noticed on removing the tampon, erosions on various parts of the vaginal wall. In cases of moderate laceration of the cervix uteri, this accident is especially liable to occur if the packing is applied about the vaginal portion in such a manner as to widely open the os uteri. Hence in all such cases, Dr. Jackson first pushes the uterus upwards with a



single pledget, and then packs the entire vaginal fornix about it so as to press the cervical labia together as much as possible. When any portion of the mucous membrane appears soft and succulent, he combines with glycerine, a solution of tannin or alum. Where glycerine is not well-borne, he employs vaseline. As to the form of tampon, Dr. Jackson prefers that it consist of multiple pieces, as in this way only, can it be packed into the vagina so as to exert an equable pressure on every part.

The cases in which he has found this method of treatment especially beneficial are those which are characterized by soft engorgement such as the earliest stages of sub-involution with or without cervical relaxation. In these cases he has seen more marked changes effected in two weeks than is commonly seen in two months—or more than is seen at all times—under the use of hot water douches.—*Journal of the American Medical Association*, April 23, 1887.

#### Congenital Urethral Stricture.

Dr. W. G. Jameson reports the case of a boy, aged ten years, who, from birth, had never been able to pass but a "spray-like stream," and that he had been troubled, more or less, with incontinence, which was very annoying at night. The impediment to the flow of urine had never given rise to any other symptoms than slight cystitis. An examination revealed the presence of three strictures, which were successfully treated by incision and dilatation.—*Daniels Texas Medical Journal*, March, 1887.

#### Pruritus of the Anus.

This troublesome affection has been found by Bangs to be due in some cases to irritation in the genital organs, as by stricture of the urethra, or by acute or chronic enlargement of the prostate, and he has succeeded in curing the pruritus by removing the source of irritation. In one case occurring with acute prostatitis, the intense itching was cured by hot water rectal injections. In another case of intense pruritus which had resisted all attempts at relief, a very sensitive condition of the urethra was found dependent upon prolonged sexual intercourse. The patient was cured by the passage of a sound by and correcting his bad sexual habit. Several other interesting cases are reported,

all illustrating the connection in some cases between itching of the skin and irritation in the genital tract.—*N. Y. Medical Journal*, April 16, 1887.

#### Fatal Result of Large Doses of Thallin.

Prof. Ehrlich who has had very good results from thallin in typhoid fever, has had the candor to report a case which ended fatally under repeated progressive doses (one and a quarter grains to nine grains nearly) of thallin tartrate. The necropsy showed the lesions of typhoid fever in the healing stage, cardiac hypertrophy and dilatation, fresh mitral endocarditis, and hæmorrhagic infarcts in the renal papillæ, the last-mentioned being, as shown by experiment, a characteristic sign of thallin poisoning. Ehrlich assumes that the cardiac condition caused defective excretion and consequent accumulation of thallin. Heart failure of any kind is a contraindication of thallin treatment, so are the various forms of kidney disease, and also cases which resist the influence of small doses.—*Medical News*, April 30, 1887.

#### Treatment of Urethral Stricture by Electrolysis.

Dr. Robert Newman claims that for success in the treatment of urethral stricture, attention to the following points is necessary:

1. Weak currents which will absorb; while formerly strong currents were used, which cauterized or even destroyed tissues, made cicatrices and did harm.
2. Long intervals between *seances*.
3. The selection of improved batteries with a current of moderate intensity, but of a fixed potential for each special case, and on these depend the results. Too high potential is injurious; too low, ineffective.
4. An established electrode-sound, firm, well-polished, with an egg-shaped bulb, a fixed short curve, well insulated except at the bulb. Formerly a wire was used covered with an elastic catheter, a too primitive appliance, which could not be used with effect.
5. The electrode sound tunneled in order to combine the electrolysis with the passage as a guide, to be used in almost impassable strictures.

6. An emergency instrument adapted on modern principles combining the electrode with a tunnelled sound and a catheter in order, at the same time, with one introduction, to relieve retention, to absorb and dilate the stricture, and to guide the instrument through its right channel, making false passages an impossibility.

The advantages of electrolysis are :

1. Electrolysis is adapted to all strictures in any part of the urethra.

2. Electrolysis will pass and dilate any stricture, when other instruments or the skill of surgeons fail.

3. It causes no pain or inconvenience.

4. It is devoid of danger.

5. It is not followed by hæmorrhage, fever or any other unpleasant consequences.

6. It relieves at once.

7. The patient is not detained from attending his daily work or business.

8. No relapse takes place.—*N. E. Medical Monthly*, March 15, 1887.

#### Poisoning from Eggs.

Dr. A. Brothers, of New York, reports the following in the *Medical Record* of May 14, 1887: "On April 16, the family of Mr. S. had supper at 7 p. m. The meal consisted principally of eggs, which had been boiled that morning and allowed to remain all day in the warm kitchen, although it was noticed at the time that the eggs had a bad odor, still they were eaten by the father and four of the children, ranging between two and twelve years of age. The mother and the remaining two boys did not partake of them. Within an hour, every one of the five who had partaken of the eggs became sick. I was sent for at 11 p. m., and found them suffering from symptoms evidently due to acute irritant poison. Prostration was very marked. Retching was present, and there was frequent vomiting. The matter vomited consisted of bad-smelling food and mucus, strongly tinged in one case with blood. Cramps referred to the stomach caused several of the children to cry out from time to time with pain. Thirst was extreme, but the water taken to quench it at once excited vomiting. Diarrhœa with yellow watery movements having a strong odor of rotten eggs was present in all the cases. Stupor, with a desire to be left alone, was also a prominent

symptom. After awhile, the father and two of the children passed into a condition of collapse, and it looked as if they might die at any moment. They lay with the eyes half-closed, showing the whites of the eye balls. The pupils in some were contracted, in others dilated. The extremities were cold and the skin was covered with a clammy sweat. The pulse in the father was about 70, but extremely soft and compressible, and at one time, almost imperceptible. In the children, the pulse ranged between 120 and 180. The temperature in most of the cases was subnormal. After several hours, improvement set in, and next day they were all out of danger. After emptying the stomach by the use of sulphate of zinc and washing out the stomach in one of the older children, calomel in mucilage was given to clean out the intestinal tract. For the vomiting occurring after this and also to quench the burning thirst, ice proved to be of great service, when the case passed into a condition of collapse, heat was applied to the extremities, tablets of digitalin were given by the mouth, and brandy was administered hypodermatically."

## News, Etc.

PERSONAL ITEMS.—DR. JOS. M. GERHART has removed from 603 N. 12th St., to 1127 Mt. Vernon street, Philadelphia.

Dr. Anna M. Marshall, 1608 Mt. Vernon St., and Dr. Myra De Normandie, of the Rosine Home, Philadelphia, sail for Europe, June 16. They will spend about 3 months abroad and intend taking a course in operative obstetrics in Vienna.

Dr. Harriet J. Sartain, of Philadelphia, has gone to Europe for greatly needed rest and recreation.

Mr. A. J. Tafel sailed some days ago for Europe where he proposes to spend some months; returning in the autumn.

Dr. Corresta T. Canfield, of Chicago, has opened an office at 163 State street, N. E. corner of Monroe, rooms 72 and 73, where she may be consulted between 11 A. M. and 1 P. M.

AN INTERNATIONAL CARNIVAL under the auspices of the Hahnemann Hospi-



tal Association of the Hahnemann Medical College of Philadelphia, and the lady managers of the Children's Homœopathic Hospital of Philadelphia, will be held at Horticultural Hall, Philadelphia, from October 27th to Nov. 3d, 1887, the proceeds to be devoted to the Building Funds of the above-named hospitals.

**PHILADELPHIA COUNTY MEDICAL SOCIETY.**—At the regular monthly meeting of the society, held June 9th, papers were read as follows: "Some Suggestions Respecting the Diagnosis of Typhoid Fever," illustrated by reports of clinical cases, by W. C. Goodno, M. D., "Urea: Theoretical and Practical," by E. L. Oatley, M. D. The committee appointed to consider the advisability of returning to the "bureau system," presented the following report which was adopted:

That the Bureau System be re-established with modifications as follows:

1. That there be (6) six Bureaus, consisting of (5) five members each; the president of the society to appoint the chairman of each Bureau, and he to appoint his associates.

2. That the Bureaus be as follows:

*a*—BUREAU OF MATERIA MEDICA, including Pharmacy, Provings, Comparative and other special studies of Drugs, and General Therapeutics.

*b*—BUREAU OF CLINICAL MEDICINE, including General and Special Pathology, Diagnostics and Special Therapeutics. Also including diseases of all parts and regions not especially considered by other Bureaus.

*c*—BUREAU OF SURGERY, including Venereal Diseases.

*d*—BUREAU OF OBSTETRICS AND GYNÆCOLOGY, including Disorders and Complications of Gestation and the Puerperal State, and diseases of the New-Born Infant.

*e*—BUREAU OF OPHTHALMOLOGY, including also Otology, Rhinology and Laryngology.

*f*—BUREAU OF SANITARY SCIENCE, including Studies in the Etiology of Disease and also its Hygienic Management.

3. That two (2) evenings be specially devoted to the consideration of Volunteer Papers, but that such volunteer papers may be presented on any even-

ing, and read and discussed after the regular Bureau report, provided there be time. If there be no time they become the property of the Society, to be considered on the first opportunity.

4. That never more than two (2) papers be presented by a Bureau, and that the members of the Bureau be expected to lead the discussion. The discussion to follow the reading of each paper, unless otherwise directed by the Bureau chairman.

5. That the Committee on Essays and Debates, as at present constituted, take charge of the two meetings devoted to Volunteer Papers, and provide for the discussion at that time.

6. That the meetings be arranged as follows:

September, Bureau of Sanitary Science.

October, Bureau of Clinical Medicine.

November, Bureau of Obstetrics.

December, Bureau of Ophthalmology.

January, Miscellaneous.

February, Bureau of Materia Medica.

March, Bureau of Clinical Medicine.

April, Annual Meeting.

May, Miscellaneous.

June, Bureau of Surgery.

7. That the President shall announce at the June meeting the Chairmen of all the Bureaus for the succeeding twelve months.

## Obituary.

DAVID TRANOR TRITES, M. D. On Sunday, May 29, at half-past five o'clock, David Tranor Trites, M. D., who had been ill only a short period, but who had been failing for some time previously, died at his residence, No. 4323 Main street, Manayunk. The doctor was born in Ridley township, Delaware county, Pa., on the 8th day of March, 1812, and was, therefore, in his seventy-sixth year. He was educated in private schools and, during his early manhood, was himself a teacher in the schools of his native county, and afterward at Sunbury, in Northumberland county.

In 1839 he began the study of medicine with Dr. Peal, of Sunbury, and graduated at the Jefferson College of Pennsylvania, March 10th, 1842. He commenced the practice of his profession in Sunbury, but in a few years removed to Chesapeake City, in Cecil

county, Maryland, where he soon acquired an extensive practice. Subsequently he retired from the profession, and made his home on a farm belonging to him in Surry county, Virginia.

In 1860 he returned to this State and associated himself in practice with his old friend, Dr. Daniel M. Tyndall, of Philadelphia. Though a graduate of an old school college, the doctor had for many years been interested in the progress of homœopathy, and during his partial retirement from the active duties of a physician's life, to which we have referred above, had carefully read the standard works of that school of medicine, and from time to time had tried the efficacy of their system of prescribing. By this means he became a convert to homœopathy, and, on resuming practice in 1860, enrolled himself among the adherents of the, then, rather unpopular system.

It was by no means an easy thing for one, who for so many years had been a member of the dominant school of medicine, to renounce its teachings and at the same time sever many friendships which had been formed during a long and active professional life, but, believing in the truth of the new system, his conscience compelled him to accept it and discard the old.

In May, 1861, Dr. Trites settled in Manayunk, locating at Cotton and Main streets, and soon had an extensive practice. On February 2d, 1862, he was admitted to the Manayunk Baptist Church by baptism, and on February 22d, 1869, was elected to the position of Church Clerk, the duties of which office he continued to discharge until his death.

The deceased was for some years a member of the School Board of the Twenty-first Section and for several years occupied the position of President of that body. He was in 1873 a candidate for the Legislature on the Democratic ticket, but was defeated.

On May 23d, 1845, the doctor was united in marriage with Sarah H. Garrison, daughter of Nehemiah Garrison, Esq., of Cecil County, Maryland. They had three children, two of whom still survive and reside in Manayunk; Miss Lizzie and Dr. William B., the latter well known by everybody and one of our foremost physicians.

P. S. HITCHENS, M. D.—Dr. P. S. Hitchens was born at Dagsboro, Sussex County, Delaware, on September 23rd, 1823. At the age of thirteen he entered a store in Dover, (Del.,) where he remained until some time after becoming of age; and then removed to Philadelphia to accept the position of travelling salesman for a dry goods establishment; afterwards being admitted to the firm.

About the year 1852 he was first attracted to the study of medicine and, although still maintaining an active part in the business of his firm, managed, after much preparatory reading, to find the time to attend a course of lectures at the University of Pennsylvania. Shortly after the termination of this first course, he became acquainted with the doctrine of Homœopathy as it had been taught by Hahnemann; and being deeply impressed with the theory—though more surely influenced by the whispers of its success, which were then constantly gaining converts to it—he changed from the University to the Homœopathic Medical College of Pennsylvania, from which he graduated in 1857; subsequently occupying the chair of Anatomy, from 1862 to 1864 in that institution. He was regarded by his pupils as a most efficient and successful teacher.

Nearly four years ago, owing to failing health, he was obliged to relinquish a large and lucrative practice; and retired to his countryseat at Deakynville, Del. Since that time his condition, paralysis, had gradually grown worse.

On the evening of May 28, after an unusually well day, he was seized with apoplexy; and though not totally unconscious at first, he became so at about noon of the following day, which state continued until his death on the morning of the first of June.

He was buried in Odd Fellow's Cemetery, Smyrna, Delaware.

Dr. Hitchens was a man of strong convictions and of firm devotion to what he held to be right. While a firm believer in the truth of Homœopathy, he was independent in his views and ever ready to use any means that he thought best for his patient. He was a very successful practitioner and did much to give the new school standing and respectability in the part of the city in which he was located.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

### PYURIA.

BY CLIFFORD MITCHELL, M. D., CHICAGO.

[Read at the 21st annual session of the Indiana Institute of Homœopathy, Indianapolis, May 25, 1887.]

This paper, like all Gaul, is divided into three parts :

1. Detection of pus in the urine.
2. Significance of pus in the urine.
3. Treatment.

#### DETECTION OF PUS IN THE URINE.

We must consider *first* the physical characteristics of urine containing pus, *second* the chemical tests for pus, *third* the microscopical appearance of pus.

A. Physical character of urine containing pus : Urine containing pus is turbid *as soon as voided* ; too much stress can not be laid on this point as a ready method of distinguishing the pus sediment from the urate sediment. It does not however serve as a mark of distinction between pus and certain sediments other than urales . . . of which more presently.

Urine containing pus, though turbid when first voided, seems to clear on standing. The pus is heavy and settles to the bottom of the glass

leaving the supernatant urine in many cases almost entirely clear. This is especially noticeable in cases where the reaction is acid and in which bacteria are not present in great numbers. In some diseases when pyuria is present the pus sediment is greenish, stringy and tenacious, and clings to the glass. Such pus forms a slimy cohering mass which in pouring from the vessel comes out as a whole like white of egg. Mucus never forms such a mass and albumin is wholly soluble in the urine and therefore invisible no matter how much is voided in the urine; such cohering pus, therefore, should not and need not under any circumstances be mistaken for either mucus or albumin.

The reaction of urine containing pus may be either acid or alkaline; if it is acid the pus sediment will not usually appear so ropy and stringy as when the urine is alkaline. The specific gravity is not affected to any marked degree by the presence of pus but varies in accordance with the other conditions.

The color of urine containing pus appears light even whitish when freshly voided; on standing the pus settles and the true color of the urine may be observed. The true color of urine containing pus is not necessarily abnormal. The odor depends somewhat on the reaction; in acid urine the odor is not bad but that of alkaline urine containing pus is disgusting, suggesting spoiled meat somewhat but worse, if any thing. The quantity of urine voided in 24 hours depends wholly on the character of the disorder *i. e.* where the pus comes from and to what it is due.

Urine containing but very little pus will be seen to be hazy if the tube containing it be held up to the light; the opacity will be of a whitish or grayish color however; in urine containing a large amount of pus, especially when albumin is abundant, the turbidity will be a long time in settling and the supernatant urine will perhaps never become entirely clear, though much clearer than the lower strata. Where the amount of pus is neither very large nor very small the sediment settles rapidly leaving the supernatant urine noticeably clear as said before. One variety of urine containing pus deserves special notice: it is that in which there is a haziness which never settles, no matter how long the urine stands, but increases as the urine becomes stale. Such urine is prone to contain bacteria; some specimens held up to the light and shaken in a test tube will be seen to be full of fine silky interlacing waves. The amount of pus in such cases is very slight; we notice purulent urine of this character very commonly in female patients. Oliver has called our attention to the fact that the



active vibriones in the vaginal secretions get into the bladder through the urethra and then in turn are washed out by the urine so as to be found in the latter even when freshly voided.

B. Chemical tests for pus: If I am required to test a specimen of urine for pus, I first notice the various physical characters as described above and very often find chemical and microscopical processes unnecessary to detect the pus, though as a matter of routine for the sake of insuring accuracy, I always go through with them as follows:

Let the urine settle and pump off the supernatant urine with the albumin—test syringe to be described later; the desideratum is to get the pus as free from urine as possible; it is so heavy that in most cases it sticks to the glass; the urine with a little care can be poured off from it without losing much of the sediment. When, however, but little urine is obtainable the syringe process is advisable so as to economize the sediment; a more expensive but equally satisfactory method is to have a tapering glass tube made, provided with a glass stop-cock at the bottom. Let the urine settle in such a tube and draw off the sediment by turning the stop-cock. Glass stop-cocks cost \$1. or \$1.25 apiece, while a small glass syringe can be had for fifteen cents.

In some way or other then, the sediment having been obtained reasonably free from urine, pour some of it into a test tube and add a few drops of *liquor potassæ*.

I wish to call your attention now to the deductions to be made from the behavior of the pus sediment with the *liquor potassæ*: (a) if the sediment be originally of a whitish color but on addition of the *liquor potassæ* becomes greenish and glassy, first stringy then thicker till it forms a lump pus is present and on pouring the mixture from the tube it will not flow readily, but will go all at once, and if effort be made to retain some of it after some has been poured out a "string" will be the result, which can often be drawn out to considerable length. All this is well known and the test is easily applied when the pus is abundant in urine of acid reaction.

Now on the other hand. (b) If the pus is *not abundant* and the urine is acid in reaction the results will not be exactly the same as described under (a) but the sediment disappears on addition of the *liquor potassæ*, becoming vitreous and somewhat stringy but not giving a cohesive lump.

A good way to observe the effect of the *liquor potassæ* in a sediment containing but little pus is to use a large sized test tube and after

addition of the potassa hold the tube in a horizontal position until the mixture is about in the middle, then slowly raise and lower slightly so as to cause the mixed pus and potash to move to and fro. Its slimy character can then be readily detected even though no cohesive lump be formed and no strings obtainable on pouring out of the tube. Mucus when treated this way but becomes, if anything, more fluid. In doubtful cases take a little tincture of guaiac, which is not freshly prepared but of well-known venerable character, pour it about half an inch deep into a test tube and let the sediment trickle slowly down the side of the tube. It will sink through the guaiac and a blue coloration will be noticed if pus is present. This test is an old one suggested by Day of the town in Australia rejoicing in the euphonious name of Gee-long. I prefer, however, to rely on the *liquor potassæ* test as other substances than pus give the blue coloration with guaiac. Day's test is, however, to be thought of when the liquor potassæ gives negative results. If neither the liquor potassæ nor the guaiac show the presence of pus it is not present in any quantity of any clinical significance, in my opinion, provided the urine be acid or at any rate not alkaline in reaction. Urine alkaline in reaction deserves especial description: in such urine the pus having already been acted upon by the alkali of the urine does not respond to the test with liquor potassæ for the reason that the test has practically been performed by the urine itself, the pus in alkaline urine is usually greenish, slimy, and cohering. It often sticks to the glass. Chemical tests are not necessary in identifying it as nothing else resembles it; for corroboration however the supernatant urine which has been removed may be tested for albumin by means of the cold nitric acid test. Fill a test-tube to the depth of an inch with urine then by means of a small glass syringe, to which a tapering glass tube is attached by a bit of rubber tubing, take up some nitric acid and cause it to trickle slowly down the side of the test-tube by gentle pressure on the piston of the syringe. The tapering glass tube is placed just inside the test tube, containing urine held inclined. A much more circumscribed zone of coagulated albumin is obtained by this process than by any other with which I am familiar. In most cases of pyuria, unless the kidneys are involved, the amount of albumin is small but the zone with nitric acid can be recognized by holding the test tube against a dark object such as the coat sleeve. Urine containing pus necessarily contains albumin; urine containing mucus does not necessarily contain albumin.

C. Microscopical examination:—I have little to say on this sub-



ject other than what is generally known. Having transferred a drop of the sediment to a glass slide, warm the latter over an alcohol lamp to dissolve urates if any are present, then put on the cover glass and look for the pus corpuscles using a one-fifth inch object glass and C eye piece, magnifying nearly 500 diameters with tube of standard length. Those not familiar with the appearance of the corpuscles should obtain some laudable pus from a wound or abscess, mix it with urine and then examine with power of 500 diameters. The distinguishing points in regard to pus corpuscles are their spherical, cellular form, their nuclei shown on addition of a drop of acetic acid, and their granulation. Blood corpuscles are smaller than pus corpuscles and the difference between the two can be seen by mixing a little blood with the urine and examining with power of 500 diameters; blood corpuscles have of course no nuclei. Certain points in regard to the appearance of pus corpuscles in urine of the various reactions must be borne in mind: In acid urine of high specific gravity the pus corpuscles appear *smaller* than in watery urine. In urine of low specific gravity they appear two or three times as large as in normal urine; the granulations gradually disappear and the nuclei become very plain. This may be made apparent by allowing pus to stand for a time in distilled water. In alkaline urine the pus corpuscles appear large and swollen and the nuclei are plainly visible. It must also be remembered that after a time pus corpuscles cannot be detected in alkaline urine for they coalesce forming a homogeneous mass in which the nuclei only are visible.

The general rule for finding pus with the microscope is that *if in acid urine of average specific gravity, small granular spherical or nearly spherical cells larger than blood corpuscles are observed which swell on addition of 20 per cent. acetic acid, the granulations changing and the nuclei rapidly becoming distinct, pus is present.*

Mucus corpuscles have usually but one nucleus, whereas pus corpuscles have more than one. In doubtful cases the finding of albumin serves to distinguish pus from mucus.

## 2.—CLINICAL SIGNIFICANCE OF PUS IN THE URINE.

### A. Locality from which the pus may come:

I have made from my experience and study the following summary, which serves to identify in many cases the locality from which pus in the urine has come:

1. If the patient be caused to urinate into the glasses and the urine

in the first glass is turbid but that of the second glass clear and transparent, the pus is probably from the anterior portion of the urethra, especially if in intervals between urinations there is an escape of the secretion spontaneously from the meatus. The last is noticed by stains in the linen, etc., etc.

2. If there is no discharge from the urethra but if sensitiveness and tenesmus are experienced at the end of urination ; and if the urine in the first glass only is turbid or both being turbid the first is the more turbid, then the suppuration is in the neck of the bladder, so called, or the prostatic portion of the urethra.

3. If the pain felt is above the symphysis and the urine in addition to pus contain ammonium carbonate, told by alkalinity of reaction in freshly voided urine and marked effervescence on addition of acid, and if the urine in the first glass is just as turbid as that in the second, the case is one of cystitis.

4. If the urine contains a noticeable amount of albumin,  $\frac{1}{4}$  of one per cent. is the figure generally given, and if the pus sediment in the urine is fine and flaky and with the microscope there appear short, thick "plugs," composed of pus corpuscles the separation is in the kidney pelvis and the case is one of pyelitis ; it is primary pyelitis if the urine be acid, secondary, i. e., caused by extension of cystitis, if the reaction be neutral or alkaline. The pyelitis is acute if there is fever, and the twenty-four hour's urine is not increased ; it is chronic, if all febrile action is wanting, and if the twenty-four hour's quantity of urine is increased. [The normal quantity in twenty-four hours it will be remembered is about 3 pints ; in chronic pyelitis the daily quantity may be nearly double that figure.]

5. If varying amount of pus is found in the urine, on some days little, on other days much, and if, when the pus decreases or disappears, we find chills, continued fever, small, quick pulse, and delirium, all of which symptoms disappear when the pus reappears in quantity in the urine, the case is probably one of renal abscess.

6. When pus is found in the urine in varying amounts and the symptoms are doubtful, and the case perplexing, the pus is probably from an abscess, opening into the urinary tract.

7. Large amounts of oil, recognized by the microscope, in urine containing varying amount of pus, is not only indicative of an abscess opening into the urinary tract, but also shows that sloughing is taking place sufficient to set free the oil of the fatty tissue. Cases like the latter are rare but should be borne in mind.



8. In some cases it is almost difficult, if not impossible, to tell the precise locality from which the pus is derived.

B. Effect of pyuria on the condition of the patient :

1. In some cases the presence of pus in the urine is of no great clinical significance ; a small quantity is often found in the urine of men over forty years of age, and its presence does not seem to effect the general health.

2. In some cases a very considerable amount of pus may be found in the urine for years without affecting the patient in such a way as to interfere with the following of his vocation. The strength of the patient, it is true, may be affected but often only moderately. A pus sediment from one-tenth to one-sixth of the bulk of the urine had been present in the urine of one of Beale's patients for a period of twenty years, during all of which time the man had attended to business as usual. In a case kindly brought to my notice by Dr. Runnels, pus had been present in the urine for some fifteen or twenty years in all probability. In another case that has come to my notice the pus sediment had been steadily present for 19 years.

3. In women, pus from burrowing abscesses may be found in the urine, and the patient become greatly emaciated. Complete recovery, however, is possible.

4. In conditions where there is chronic ulceration of the bladder, ureters, and kidney pelvis, the patient will generally show serious and distressing symptoms.

5. In cases where calculus is present, either in the kidney, ureter, or bladder, in addition to pus there will be found, especially after exercise, more or less blood. In a specimen recently examined I found pus, and but little blood in the morning urine voided on rising ; in the urine voided during the day blood was abundant, together with pus. The pus settled to the bottom of the glass, and was covered by a layer of blood easily recognized by the naked eye. This layer could not be seen at all in the morning urine. *Renal* calculus, if small, may occasion no dangerous trouble, but where the concretions are large, and the pus abundant and long-continued in presence in the urine, the prognosis is unfavorable, or at least dubious. Crystals of uric acid, and of the dumb-bell variety of oxalate of calcium, should be looked for in the sediment with the microscope.

Beale lays special stress on the finding of dumb-bell crystals of calcium oxalate in the sediment, and calls them small-sized renal calculi,

inasmuch as they give rise to the same symptoms, in a mild degree, as actual renal calculi.

3. TREATMENT: A few general remarks will, I hope, be sufficient to cover the ground in regard to treatment, for this branch of the subject alone would fill a volume. First, find out, if possible, where the pus comes from, then treat the disorder indicated. Beginning from without and proceeding inward, we should have to bear in mind urethritis, catarrh of neck of bladder, cystitis, pyelitis and pyelo-nephritis. Of urethritis and gonorrhœa I shall not treat. In general avoid local treatment in *acute* cases of pyuria, where the pus comes from the bladder and neck of the bladder. Rest either in bed, or in a recumbent position, should be strictly enjoined in such cases. Prof. R. N. Foster has written eloquently on the value of rest, and I will, on general principles, refer you to his paper. In chronic cystitis it is important for the patient not to drink ice-water; liquids may be taken in abundance as regards total quantity, but in small quantities at a time and as warm as the patient can endure without nausea. Lemon juice may be used to flavor the liquids taken. Some allow stimulants in moderation at meals. Diet and mode of life have much to do with successful issue of the case. The patient should, in general, be urged to exercise some common sense about his mode of life, and not run to excess in any direction; a non-nitrogenous diet, as far as practicable, is to be recommended. Probably many of you have had experience with milk diet, which is beneficial in some instances, and worse than useless in others; there is, however, some discrimination to be used in carrying out the milk diet. Dr. McBride's system of milk diet is said to have worked wonders in urinary disorders. You will find it in the index of the Philadelphia *Polyclinic*. In pyelitis of the acute variety rest in bed is imperative, the fever, etc., to be treated by the appropriate homœopathic remedy. In chronic pyelitis milk diet is to be thought of, and tepid baths, and internal medication to lessen the suppuration.

In calculous pyelitis the patient should not drink the limestone waters of this section, but should either drink water containing a minimum percentage of total solids, or else some water especially designed to dissolve, if possible, and wash out the calculus. If the sediment be rich in uric acid crystals, waters containing lithia are thought beneficial on account of the solubility of uric acid in compounds of lithium. When dumb-bell crystals of calcium oxalate are found in the urine, a quart daily of linseed-tea, or barley water, flavored with lemon juice,



may help to expel the crystals from the uriniferous tubes. Imported vichy is also good in such cases.

I have not mentioned the name as yet of any one particular homœopathic remedy. My experience has been thus far that many urinary disorders are complicated in form and require a remedy suited to the stereotyped phrase "totality of symptoms." We are in danger in modern times as Taine says in his essay on Napoleon, of losing sight of the thing in the classification of the thing. Like Ireland we are "too much governed." In our classifications and sub-classifications, in our differentiations of this and rulings out of that, in our A's, B's and C's, and our 1's, 2's and 3's, we must remember that the human body is not a compartment ship. A patient with consumption is not necessarily exempt from corns. I am not therefore in urinary disorders any too great a believer in departure from totality of symptoms, although of course cases do occur where the trouble would seem to be entirely local and controllable by special treatment. *Aconite* is of course valuable in acute disorders, especially when there is constant urging with, however, fear of voiding urine, *apis* in irritation of the neck of the bladder, *cannabis* in troubles referable to gonorrhœa. *Cantharides* is a good remedy in severe cases of cystitis, where the symptoms are very violent and the pain intolerable. In pyelitis calculosa or renal calculus we have to regard the totality of symptoms and the general tendency of the patient toward calculous formations. *Calcarea*, *phosphorus* and *zincum* are among the important ones in such cases. Special remedies are advocated in special cases, with which no doubt many of you have had individual experience and can speak of with some authority.

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### THE REPETITION OF DOSES.

BY CLARENCE WILLARD BUTLER, MONTCLAIR, N. J.

"That may repeat, and history his loss."—King Henry IV.

The scientific man of to-day when brought to the consideration of any subject connected with the forces of nature, more than at any time within the history of scientific investigation endeavors by a wide generalisation of known facts, whether the results of his own observation and experiments or of the observation and experiments of others, to find the *law* which governs. The scientist of to-day recognizes as never before how insufficient a guide is the experience of the past, the "wisdom of the ancients" except in so far as they may lead

to a recognition of underlying law ; and how certain and unerring a guide is such a law when sufficient data have accumulated from which it may be deduced, and a master mind has arisen who may recognize it and make it the property of the world.

Of the three great questions which come before the therapist, the choice of the remedy, the strength in which it shall be exhibited, the frequency with which the chosen dose shall be repeated, we have to-day a guide for one only. The genius of Hahnemann has given us the law which decides the choice of the remedy ; failure can only occur because of human frailty, but beyond this point we have no reliable guide nor do I think that just at this present time we are very rapidly approaching solutions of these great and serious questions. The discussions which have appeared touching them have been conducted with less of the spirit of honest investigation and earnest desire to arrive at simple truth, than with a spirit of intolerance based upon preconceived opinion and unreasoning prejudice. Of more than one of these polemical writers I fear it may be said, as was said of Burke by Macaulay, "He chose his position like a bigot and defended it like a philosopher." *In certis unitas, in dubiis libertas, in omnibus charitas,*" must be our motto before any great good can come from further controversy.

It is not my purpose therefore in introducing this subject to cast an apple of discord into this Society, neither, above all things, to renew the seemingly "arrestible conflict" between the "high" and the "low"—between the single dose and the many. I desire to state as briefly as I may, my own methods in prescribing, the result of fifteen years' experience and watchful observation, and I do this, if it may be, to aid some other worker in the same field of labor. In order to a fair understanding of my present position, I should state some facts regarding my place of business, my surroundings, and the class of diseases I have most commonly met with. Montclair is a village of about six thousand inhabitants, situated upon the side of the Orange mountain, and from 250 to 450 feet above tide water. It has no water supply nor system of sewerage. The water used for the ordinary necessities of life is supplied by cisterns and open wells, and lately, more largely by driven wells. From its location the natural drainage is excellent, and we have accordingly but very few malarious diseases. In fifteen years I have seen but seven cases of true abdominal typhus, though I have met a larger number of cases of the so-called typho-malaria fever. Even in this disease my experience is very limited.



We have, as I think is usual in similar locations, a considerable amount of rheumatism in its various varieties; also neuralgia, except malaria neuralgia, which is not common with us. Regarding the zymotic diseases usual in our climate, especially the diseases more common in childhood, I think we have neither more nor less than other New Jersey towns and cities. Now regarding my own practice, (I hope you will excuse the frequency of the "perpendicular pronoun," it seems to be unavoidable in a paper of this kind.) I commenced practice with a perfect faith that the 30 potency and the single remedy in repeated doses was sufficient to all cases except perhaps in some severe acute diseases where the lower and lowest potencies were preferable. With boyish enthusiasm I expected to cure all curable diseases, and shall never know whether I was more surprised or hurt when I found that I could not do it. Cases that seemed to me had ought to recover promptly wouldn't. Some of them died to my utter amazement and chagrin. But I need not dwell upon this. It has been, I doubt not, an experience common to you all in some stage of your practice. Disappointment begot doubt, and doubt induced change. It was in the third year of my practice that I began to use the tinctures, first and second potencies almost entirely. In some cases I still used the higher dilutions, but these lower were my dependence in the large majority of my prescriptions. I usually repeated doses as before, if anything more frequently. My business which had opened flatteringly had continued to grow, but my successes were not more marked, nor my failures less frequent than before. I was not satisfied. The remedy was hard to choose, and I had less time to study, being busier professionally and otherwise. Could my lack of what seemed to be the success possible to me be because I did not find the remedy? In the many cases where the choice was between two or three remedies, did I usually miss the better and hit the "worse"? Many physicians, successful and learned ones, in case of doubt gave both. Might it not be that I should gain by so doing? And so I gradually drifted into giving two, or even exceptionally, three remedies in alternation. It is not my intention here to speak of this method of prescribing. The questions of potency and alternation I have avoided, and shall avoid, as far as possible, but I may say that my experience with alternation taught me that I cured my patients less frequently, less promptly, and never knew what cured them, whether one or both of the remedies given, or whether nature kindly ignoring my well intentioned blundering, stepped in and restored my patient to health. Now I returned

to the use of one remedy at a time and using my best endeavors as to choice from the purely Homœopathic standpoint, gave my next attention especially to the question of potency. The result of this has been that I am now in the habit of using the higher and highest attainable potencies since I am sure from *my* experience, constituted as *I* am, arriving at the choice of the remedy as *I* do, I am more successful with these potencies. This much, simply that my position may be understood in the matter especially in consideration, viz. : the repetition of the dose. Perhaps from acuter powers of observation—perhaps from greater certainty in choosing the remedy as the results of added experience, I was surprised to notice that my patients under the action of the drug, often become slightly better for a time, and then lost all that they had gained and even became worse than before. I say to my surprise, for although I had heard of aggravations from the homœopathic remedy, I had decided, long before I knew anything about it (a time by the way, when our most uncompromising decisions are usually made) that this whole talk of aggravations from a potentized drug was all “bosh.” With all the stubbornness which the unevolved mule in me could supply, I clung to this belief, to my patients’ and my own cost. Forced at last to recognition of the fact that no drug homœopathic to a case, was ever so diluted that an aggravation was impossible, I came at last as a natural sequence to watchful and careful investigation of the question of the repetition of dose. My experiments have been extended over seven or eight years, have been made usually with the high potencies, and have embraced all classes of diseases that I have been called upon to treat. I have given the single dose dry, that is on sugar of milk, or upon pellets; the single dose in water; doses repeated dry; and doses repeated in water, and as a result of these observations I have come to the conclusion that if one was to ask me to-day which was the best way I should in honesty be obliged to answer, “I don’t know.” Some few things I think I *do* know, and to the enunciation of these, as suggestions to other inquirers, has this paper been written.

1. When giving the single dose it should be given dry.
2. When giving repeated doses they should be given in water. I don’t know why this is, have no theory of explanation but I am sure that these are the better methods.
3. When you are giving your remedy in repeated doses always stop it at once when you see a decided improvement, or on the slightest aggravation of the symptoms.



4. Never repeat as long as improvement continues, however slight that improvement may be, or however slowly convalescence may progress. This, after the foregoing, may seem needless advice, but I am convinced that more mistakes are made by repeating after considerable time has elapsed since the last dose was given, and improvement seems to have become less marked, than in almost any other way. The temptation to hasten matters by another dose or two of a higher or lower potency is at times almost irresistible, and perhaps because this is my own besetting sin, I want to place right here a finger post marked in large letters, DANGEROUS!

5. When improvement after the well chosen remedy stops and your study of the case shows that the same remedy is still indicated, (which in my experience has not often been the case), give it in a different potency and give it in water, repeating frequently until you observe some effect, then stop, of course.

6. The more severe the disease, acute or chronic, especially those diseases which depend upon constitutional taint, syphilis, scrofula, psora, etc., the more dangerous is the repetition of doses.

7. In acute cases where it is possible to see your patient frequently, in short, to watch for the first undoubted improvement or slightest aggravation I recommend that you commence your treatment with frequently repeated doses; but if you cannot see your patient at short intervals, or if you doubt your power of observation, it is better to give the single dose and await developments. By frequently repeated doses I mean a dose given every hour or two in acute, every two to four hours in chronic cases.

8. Never repeat at *long* intervals. If you repeat at all, repeat frequently until you see an effect.

Now there is nothing new in all this, not one thing. I have, like Byron, "nothing original in me, excepting, original sin." But while these questions are undecided, the experience of every honest observer is valuable.

I am well aware that many of you will not agree with me in my position, but I beg of those of you who have not tried these methods and are not satisfied with your own, to give them a fair test and report your success, or lack of it, with them.

Again let me disclaim any desire to provoke unprofitable and bitter controversy, but rather to express my desire that we may have

"Friendly free discussion, calling forth  
From the fair jewel Truth, its latent ray." — *Thompson*.

## Translations.

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### ACUTE ARTICULAR RHEUMATISM AND ITS HOMŒOPATHIC TREATMENT.

At the meetings of the Société Médicale Homœopathique de France, held during April, May and June, 1886, acute articular rheumatism was the subject for discussion, and one feels sorry for homœopathy as delineated by that branch of the French school. After the clinical facts were reported by the essayist, Dr. Piedvache, *Dr. Cretin* found that the pathogeneses of china and chininum sulfuricum show only few indications in that disease. He believes that quinine in small doses was rather suggested to members of our school by allopathic clinical results made with large doses; and it is needed in such large doses to produce the fatal results which followed its use, but in small doses the curative action is very uncertain.

*Fredault and Piedvache* use quinine *ex usu in morbis*. The indication from the pathogenesis are very slender, perhaps only a certain intermittence in the febrile movements, and a decided rhythmus in the articular fluxion. Large doses are dangerous. One gramme may be too much. Good results may be achieved with 25 or 50 centigrammes of the crude drug. The triturations, even the first ones, are inefficacious.

*Fredault*, taking localization of the drugs as his cue, relies on *rhus* and *menyanthes trif.*; *aconite*, *bryonia*, *ignatia* and *colchicum* fail; the latter in the tincture works better in gout.

*Jousset* considers china and quinine homœopathic to rheumatism.

*Cretin* finds the dilutions of *colchicum* useless and the tincture dangerous, and never uses it in rheumatismus, except in the complication of endocarditis, where he gives the third or first decimal. Large doses of quinine may remove the disease, but too often they also remove the patient. *Colchicum*, quinine and salicylate of soda, in large doses, suppress briskly the pains and the articular fluxions, but neither toxicology nor pathogenesis show a characteristic articular localization, and their administration is the more dangerous, and in large doses the success is prompt.

*Tessier* is not pleased with the homœopathic treatment of acute articular rheumatism. Sometimes good effects are seen from *aconite*, *bryonia*, *actea racemosa*, *colchicum*, *pulsatilla*, *rhus tox*, and the action of china or of *ledum palustre* is often wonderful in *chronic*



rheumatism and gout, but more frequently the rheumatism. The articular fluxions and the fever persist without rapid or even apparent modification. It is different with salicylate of soda, which is just as specific in acute articular rheumatism as iodine and mercury are in syphilis or quinine in intermittent fever. Accident will only happen when immense doses are given without measure and without care. Four grammes daily suffice, and only half of it may do, a gramme or half a gramme every six hours in some orange syrup.

*Orcin* is sure that under homœopathic treatment the duration of the disease is shortened to 21 days, whereas with no treatment it lasts five weeks; it diminishes complications, especially of the heart and meninges; it shortens convalescence and prevents relapses in most cases. The homœopathic remedies suitable to polyarticular rheumatism may be divided into classes; the one completely responds to the symptoms of acute articular rheumatism and cardiac complications: aconite, bryonia, pulsatilla, nux vomica, belladonna, arnica, hepar s. c., ledum, sulfur, kali bichrom. and mercurius vivus; the other responds only to some general or local symptoms: colchicum, chamomilla, dulcamara, lachesis, rhododendron, causticum, thuja, antimon, clematis, menyanthes trif., viola odorata and china. Among the latter class, certainly the most important are china, colchicum and lachesis, which are especially indicated by the complications of the cardiac serous membrane. Being neither individualist nor infinitesimalist, his chief indications are: aconite in the beginning during the fever and when the articular fluxions become more pronounced; then bryonia, belladonna, mercurius, pulsatilla, nux vomica, rhus tox, viola odorata, etc., according to the localization of the articular fluxions, all in the mother tincture or first centesimal attenuation, alone or in alternation, according to circumstances. We must with reasonable persistence stick to the same drug till each arthritic localization has accomplished its evolution, which in most cases takes place inside of 48 hours. In mono-articular rheumatism he prefers belladonna for the arthritis of the shoulder, bryonia or pulsatilla for that of the knee, viola odorata for that of the wrist, etc. In cardiac complications he employs, in 240 grammes water, tincture china, 16 drops, or first or second trituration of quinine, five decigrammes, or, in preference, 16 drops of colchicum, third or first centesimal, a tablespoonful every two hours or every hour in alternation with the drug special to the localization. Where the rheumatism attacks the brain he relies on quinine or salicylate of soda in small doses, and, even on cold effusions

or wet compresses. Large doses of quinine and of salicylate of soda are to blame that cases of acute articular rheumatism are transformed into cerebral rheumatism. Quinine may kill more rapidly, but the salicylate of soda leaves, when the patient survives, a lasting endocarditis, violent and persisting headache, a true debility, an inaptitude to work with a tendency to softening of the brain. The homœopathicity of salicylate of soda has never been demonstrated, and only large or moderately large doses are used to suppress the rheumatic pains and fluxions, but you are neither sure of relapses nor of persistent cardiac and cerebral complications.

The dangers put upon the treatment with salicylate of soda, Dr. Tessier considers illusory, but advises that in every case the susceptibility of the patient must be studied and in no case must examination of the urine be neglected. He cites then 18 cases treated by him on strict homœopathic principles, several lasting for months, and case 16 died on the fourth day of his sickness. If he had taken quinine or salicylate of soda, the drug would have had to shoulder the blame.

CASE 2.—Rheumatism of knee with flatulent dyspepsia and constipation, a kind of nettle-rash on forearm. Sulfur 30 morning and evening, cured in 15 days.

CASE 4.—Arthritic pains in shoulders, hips and knees. Sulf. 30, cured in three weeks.

CASE 7.—Rheumatism of upper extremities, worse in rainy weather and from rest. After failure of hot baths, cured by rhus tox, 5th.

CASE 10.—A small delicate man suffers from acute articular rheumatism with cardo-aortitis and pericarditis. Cured after a month by belladonna and arsenicum.

CASE 15.—A young woman was treated for a whole month by the regular method for articular rheumatism, followed by general paralysis. Plumbum 30, cured in a month.

CASE 16.—A man of 33 years, same disease. China sulf. 3d, kali mangan. 3, bryonia 3d, aconite  $\text{m}$ . Dies the fourth day.

Cretin closed the debate with the remark that sudden death was formerly very rare and that the mortality has progressively increased with the use of these modern drugs.

REVUE HOM. COLLEGE, Febr., 1887.

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*Remarks.*—We acknowledge our astonishment that Ziemssen in his Encyclopædia (German Edition XIII, I) or rather Senator, who worked out Polyarthrititis acute et chronica, does not mention salicylate of soda



among the remedies nor does he speak very enthusiastically of the quinine treatment. Eichorst (iv. 157), on the contrary, acknowledges that salicylic acid has displaced almost all other treatment. He gives the salicylate of soda, seven grains every hour till tinnitus aurium is produced and again after the tinnitus has ceased. The effects are apt to be so much more prompt, the more acute the symptoms, the higher the fever, the greater the number of joints affected and the more marked the inflammation in them. When the pains have subsided—and the swelling of the joints usually disappears with surprising rapidity at the same time—the salicylic acid should be given every two hours for the next ten days, then every three or four hours. If the treatment is not continued for some time, relapses occur not infrequently.

Strümpell (ii. 2, 142,) is a still greater admirer of this salicyl-treatment, but acknowledges that this specific remedy has some disagreeable secondary effects, as nausea, gastric malaise and even vomiting, tinnitus aurium of great severity with excessive feeling of dizziness, more rarely a peculiar action on the sensorium. Especially in young girls a peculiar mental excitation, a pleasurable sensation may set in, which after larger doses may pass into salicyl-deliria. Its influence on the respiration is also remarkable, which becomes sometimes very deep and accelerated (salicyl-dyspnoea). The remedy must be continued for sometime after all the pain has disappeared, or relapses will follow, and Strümpell prefers to prevent such relapses by preventing the patient from catching cold. In monoarthritis the remedy is never indicated.

Hale in his therapeutics, does not favor the increase of doses prescribed by many physicians of the old school, and gives it in polyarthritis rheumatica in five grain doses of the crude drug, and in lighter cases in the first to third decimal trituration, but acknowledges the lasting bad effects which often follow large doses.

We cannot consider it only a palliative, for cases treated with the salicylat remained cured, though under observation for a long time after the attack, and as the indications for its use are so potent—acute articular polyarthritis in young, strong patients with high fever, relieved by the sweating, which it produces—we cannot see a fatal error when in suitable cases, even the homœopathic physician prescribes it in suitable doses from a few grains of the crude drug, to a very low trituration. We fail to see with Cretin its homœopathic action at present, but as no provings were made, may we not conclude to consider it, with Father Hering, a breech presentation and that a few provings

might elucidate its similarity.' Perhaps this is just the liberty which Dunham proclaimed, and for which his disciples are willing to battle.

We have seen that most of our French physicians consider *Chininum sulfuricum* a better remedy for chronic polyarthritis, than for the acute, and the pathogenesis gives valuable hints in that direction, and the old question between neuralgia, multiple neuritis and rheumatic arthralgia and arthritis may often be raised when the symptoms hint more or less at the homœopathic use of quinine,—a remedy, like many others, too much neglected by physicians of our school, because abused by the other school. It has even many symptoms hinting at endocardial or cerebral complications, especially as homœopathic authors on heart affections (Armstrong, Kafka,) acknowledge that our treatment of endocarditis is not as satisfactory as could be desired. In some cases china or chininum may be for chronic endocarditis, what *spigelia* and *cactus* are for acute cases; and strict individualization, (loss of blood, long nursing, malarial influences,) may lead us to prefer it to remedies more frequently prescribed in such affections.

*Colchicum* deserves our next consideration, though according to Pereira it is only a palliative with a tendency to cause a speedy recurrence of the attack, and Wood adds that, though it may remove the pain in an hour, the mischief is often transferred to the internal organs and renders the disposition of the disease much stronger in the system (Hughes' Pharm., IV., 427). Though Cretin found potencies inefficacious and the tincture dangerous, we believe in the words of our own Dunham, who considers even the fifteenth potency a large dose and finds it only indicated where the rheumatic or gouty symptoms are exhibited in an asthenic person, showing the asthenia by muscular weakness, paralytic symptoms, diminution of vital heat, capillary congestion, etc. That *colchicum* eliminates much peccant matter with the urine, as shown by the symptoms mentioned by Prof. Allen (N. A. J. of H. April 87. p. 247): urine scanty, dark, bloody; feeling of soreness in renal region, worse by straightening out the legs; violent pinching in the region of the loins and urinary passages; with constant desire to urinate; feeling of icy coldness in the stomach with constant nausea; excessive flatulency; all symptoms showing the asthenic character of the disease, so well described by Carroll Dunham. The clinic has shown that *colchicum* acts best in overworked people subject to poor hygiene, whose pains are superficial in summer, and deep-seated in winter, with wave-like pains, traveling crosswise or from left to right, and thus we easily understand that it may also affect the



the outer and inner membrane of the heart, causing dyspnoea, paroxysm of anguish, palpitations or some dull, irregular, seemingly suppressed beats of the heart, with a peculiar, indescribable sensation of the heart. Colchicum is a two-edged sword and, wrongly applied in the large doses usually given, it will be very apt to cause a metastasis to internal organs. When will physicians, claiming to believe in Homœopathy, take also up their cross and study our *Materia Medica*, as it ought to be studied and try the higher potencies than the microscope can detect. It needs only the trial, the facts gained prove their unequalled value. No wonder that the members of the *Société médicale homœopathique de France* complain of the inefficacy of the homœopathic treatment of polyarthritis rheumatica. The glory of our *Materia Medica* consists in individualizing the symptoms of the drug and getting at the minutiae of its action, and the mental distinctive symptoms of the drug are too often not noticed at all in the common run of diseases. Only thus it becomes plain why Fredault failed to see any benefit from aconite, bryonia, ignatia or colchicum and why Dr. Tessier affirms that rheumatism treated according to the Hahnemannian method cannot be compared with the results daily gained by the use of salicylate of soda. Let us acknowledge that the homœopathic treatment is slower, that it takes a few more days or even weeks to cure, not to palliate, but let us never forget, that mere alleviation of pains is not always the only desideratum, the *tuto* is the main object, the *cito et jucunde* are of secondary consideration. When will we, as a school or as individuals, stop hankering after the fleshpots of Egypt, when we possess in our *Materia Medica* an inexhaustible mine, which will yield the true metal, when worked zealously and in earnest. We may well say with Dr. Cretin: *La méthode palliative enlève souvent le mal, mais trop souvent aussi il enlève le malade.*

S. L.

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#### FORTIETH ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

REPORTED BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

The American Institute of Homœopathy opened its fortieth annual session at the Grand Union Hotel, Saratoga Springs, N. Y., on Monday evening, June 27th, 1887. The Society was called to order by the president, Dr. F. H. Orme of Atlanta, Ga., after which the Rev. Jos. Carey of Saratoga, invoked the Divine blessing.

DR. S. J. PEARSALL, chairman of the local committee, then welcomed the Institute, and Dr. Orme responded in fitting words in behalf of the members.

PRESIDENT ORME then delivered the Annual Address, which was cordially received by all present.

The speaker began by expressing his great appreciation of the honor conferred upon him by the Institute in electing him to the exalted position of president of that honorable body. He told of the cheering effect it had on him in his illness. In feeling terms, he next referred to the great loss sustained by the profession in the death of Dr. A. E. Small, of Chicago.

The progress of homœopathy (which he then reviewed) he regarded as satisfactory in every way. He gave in detail the signs of the progress of our art of healing.

"In eighteen hundred and twenty-five, there were in the United States probably about ten thousand physicians, all told. There are now probably about eighty thousand non-homœopathic physicians, an increase of eight fold.

"In the same year, eighteen hundred and twenty-five, appeared in the person of Dr. Gram, the first convert from old medicine to homœopathy in America. Now there are about ten thousand homœopathic physicians in this country—an increase of ten thousand fold!

"At this rate of increase, how long will it require for homœopathy, instead of "dying out," to become the majority school? Would it not have already become so, if the old school had not adopted so much from the new method, and modified its own?

"Forty years ago we had no colleges or other institutions. Now we have thirteen flourishing colleges, with many hundreds of matriculates and graduates annually. We have a large number of hospitals, asylums, dispensaries, pharmacies, etc., and perhaps one hundred and fifty societies, the number of all of which is constantly increasing.

"The attempt to ignore such progress and such strength is indeed like 'kicking against the pricks.'

"But these figures do not fairly represent our progress. It is not enough to consider that the number of our practitioners has increased in a marvelous degree during the past forty years, and that all our institutions have sprung up within this time, but we must also take note of the wonderful mitigations in the severities of old school practice, which we all claim have been largely due to the influence of our school. We may also claim with pride and pleasure, that we have contributed largely to the improvement of the therapeutic methods of "old physic"—albeit these contributions have too often been appropriated without thanks, or even acknowledgment of their source.

"It is no honor to prominent teachers of another school that, while they have endeavored to belittle our art, pretending that we have contributed little to the general store of medical knowledge, they have made large and important drafts upon our improved therapeutics—presenting them as original discoveries. The distinguished physicians referred to are well, very well known to us all. Some men have been immortalized by their genius, some by their folly, some by their research and knowledge, and some by their audacious plagiarisms.

"The increasing general respect shown to our system, with the larger share of official positions held by members of our school, are not among the least of the evidences of the progress we are making; while the large bequests and contributions, state and private, for the establishment and endowment of hospitals and asylums, to be under homœopathic administration, show appreciation of the merits of our method of practice, and are certainly encouraging.



"That the dominant school has failed to obtain the desired control of medical legislation in many of the states, is another indication of the strength of our influence.

"The wonderful progress of the new school in this country as compared with that in Europe, is due in large degree to our freedom from the military domination which prevails there. With us, that succeeds which appears reasonable, and can show its superiority; while there, if a new method does not chance to meet with the approval of the medical department of the military system—which controls all such matters—no quarter is likely to be shown. We should therefore jealously guard our birthright, and not allow a military dictatorship in our more civil government. Our committee on medical legislation will look to this. 'Eternal vigilance is the price of liberty,' and we should not fail in this while there are those who would wrest from us our rights."

The speaker next reviewed the attitude of our opponents. In the early days of homœopathy, its practitioners were subjected to professional ostracism or persecution. This action by the majority forced the new school to form new associations of its own, and thus to become known as a sect. Some of the wiser heads soon remembered that the exclusion of brethren on account of alleged fallacy was itself a demonstrated error, and that such course whenever pursued had always met with disaster.

"It was recalled that we have no infallible and authorized censors in these matters, and that the assumption of such right, in a liberal age, was insufferable. Examples were shown to be not infrequent of the fact that those who assumed to be in possession of all knowledge were lamentably ignorant, and it was made manifest that what was, at one time, declared to be heretical and monstrous, was, at another time, accepted as demonstrated truth. Besides, it had to be admitted that people even have a right to adopt and entertain fallacies until these can be overcome by argument and enlightenment—not by coercion.

"So this cry of 'fallacy' ceased, but not the prejudice. \* \* \* Then came THE ERA OF THE CRY OF 'EXCLUSIVISM.' It was asserted with regard to those who accepted the doctrine of *similia similibus curantur*—whatever else they might know or believe—that they 'practiced upon an exclusive dogma, to the rejection of the aids actually furnished by experience, and by the sciences of anatomy, physiology, chemistry, etc.,' and on this account were unworthy of professional fellowship. A vain attempt again! As our colleges and our journals increased in number and in strength, it was found to be impossible to maintain this position—for was it not daily and constantly proved that all of the branches of medicine and surgery that were ever taught in any colleges or journals, were as thoroughly taught and as fully insisted upon in these? Was not the charge simply a slander?"

This position was abandoned and then came forth the cry that homœopaths were "TRADING UPON A NAME," and therefore must be denied the benefits of affiliation! Not being experts as controversialists, it did not at first occur to them that there was involved in this imputation the important admission that this "name" had grown so potent that numbers sought its shade and its advantage—that it had not died, and was not "dying out!"

"The era of an aspersion so illogical, so puerile, as well as so devoid of truth—so slanderous and so dishonorable to its utterers, could, of course, not be of long continuance, and so we have passed on to the era—even the present era—of the charge, the dreadful, heinous charge of 'SECTARIANISM!' Those who have, under one pretext or another, and after one misrepresentation or another, held that homœopaths should not be regarded as regu-

lar physicians, and fit persons with whom to consult, finding that the despised heretics would not die in accordance with their prophecies, and could not be obliterated by being ostracised and maligned—but that they rather grew in strength, popularity and importance, notwithstanding all this unprofessional opposition—and that loss was suffered by refusing consultation with them—resolved upon another change of attitude. In order to make a show of reason for a still hostile position and at the same time invite a surrender by the erring party, it was at last, and is now declared, that opposition is not made to us upon the former scores, but that our offense is that we are a *sect*, and have a *sectarian name*—avering that we may practice what we please if we will only give up our odious distinctive title.

Let us, then, since we are confronted with this last ground of complaint, consider to what degree of attention it is really entitled:

Is it really so sinful to be a sectarian—especially when the formation of the sect was a necessity, as has been shown, from the improper action of the complaining majority? Is there not, somehow, a sect called “regulars” or “allopathists,” as well as one called homœopathists? And might not “regular” be considered a good name to trade upon? Have not sects existed, and to the advantage and progress of civilization, since the earliest times of which we have any history? Does it not seem as though we owe nearly all the advancement that has been made in religion, science, art, politics and medicine, to the work that has been done by sects or schools? Where should we be but for them and their enthusiastic labors? We read in Josephus that “the sect called Christians is not extinct unto this day,” and the term sectarian has, long since, ceased to be really a term of reproach—has lost all its terrors in the view of liberal minds.

The fundamental law of our land, the Constitution of the United States, properly secures the right of its people to assemble together in bodies, as sectarians, if they choose—for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which all history is full, should rather be encouraged than suppressed—the people being benefitted, if parties suffer, and it is a marked evidence of weakness in the opposition that the best point they can make against us is the pitiful one that we bear a special name—when we have a reason for it that is so good.

Let us then be a sect, if we must, and continue to advance the cause of medical science, as we have done; but let us not be factious, as have been some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed to all other sects who think they can do better work by laboring honestly upon other lines—and let us use no undignified or unbecoming epithets.

Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homœopathists, as a sect, could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so well—but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding general progress. We should be liberal, as our Institute is liberal—tolerating a variety of views upon various subjects.

We surely may, as a body, lay just claim to being liberal. While united upon *similia*, we embrace some who are regarded by others as entertaining vagaries of woeful tendencies. We include the “high” and the “low,” the dynamizationist and the strict materialist; those who think we should adhere to the ideas and teachings of a “master” of half a century ago, and those who think we should keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available; and I do not know but we may even tolerate a few who are disposed to think that we might now afford to yield to the seductive wooing of the other side and dispense with our characteristic title!



Yes, homœopathists of all phases of thought are welcome under the canopy of our Institute. The homœopathist who cannot find himself in congenial companionship here must be a victim of some misapprehension, have some fancied grievance, or be of so faultfinding a nature as to have no just claim upon our attention.

While we are a sect, in a proper sense, and from the necessity of the case, we are *not* a sect in an evil sense, or from a desire to be separate from the general profession of which we are a part, any more than is the allopathic branch, which can be called regular only as a distinguishing designation, and not on account of any essential regularity in its method of practice.

That it is reprehensible to be a member of a sect, *per se*, is a preposterous proposition.

Notwithstanding all the affectation of holy horror upon the subject, it is *not* a sin, it is *not* a crime, it is *not* a vice, to be one of a sect united in an honorable cause.

Specialization is in accordance with the laws of development and of progress, and a liberal profession should not unreasonably oppose the formation or existence of as many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood—all alike laboring for the common benefit of humanity.

The profession being divided into schools, and the distinctions being known, however imperfectly, it is only fair and honorable that each member should allow the community to know with which branch of the profession he is aligned, that persons may select or avoid, as they choose.

But the era of the charge of sectarianism—a charge that is weak in itself, and that accomplishes no purpose, must soon pass—indeed is passing—and we now see the dawn of THE ERA OF TOLERATION, when we may look for more of common sense, more of courtesy, and more of consistency. It is coming to be realized that while there may, and probably, from the nature of things, must be sects, there can still be common respect and co-operation. We can see the foreshadowing of a better day in the tone of some of the leading men of the old school, who, with more wisdom than some of their *confreres*, recognize the true situation. That liberal, and sensible, and even kind words are used toward us by representatives of a school which was wont to treat us only with contumely, is a harbinger of a better time coming."

As illustrations of the character of expressions referred to, Dr. Orme quoted from a paper on "Rational Medicine and Homœopathy in Relation to Medical Ethics," which was published in the *N. E. Medical Monthly*, and from an editorial in the *Pacific Record of Medicine and Pharmacy*.

"And now, what response are we to make to the overtures of the liberal and progressive members of the old school—that large, growing and respectable portion who adhere to the ethics of the 'new code?' A very simple one:

"Your new code is our old code—the code of the Golden Rule—the code of common sense and of humanity—the code we have held to and have been controlled by, all the while. Our Institute defines the term *regular physician* as 'a graduate of a regularly chartered medical college. The term also applies to one practicing the healing art in accordance with the laws of the country in which he resides.' Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician—and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be—the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor

should its members fail to answer, with alacrity, calls to co-operate in the interest of suffering fellow-beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us all, eschewing bickerings, so act as to uphold the dignity and honor of our profession, and thus command the respect of the world at large.

"Homœopathists, then, having no thought of relinquishing their distinctive title, under present conditions, WHAT IS THE TRUE BASIS OF HARMONY? First, the Golden Rule; second, the acceptance, by the profession at large, of the definition adopted by the American Institute of Homœopathy, of the term, 'regular physician'; third, the recognition and co-operation of members of different schools, under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonization of the medical profession.

"The duty of making suggestions is one which I shall allow to rest but lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit.

"All along through the controversy concerning homœopathy, charges which are entirely in conflict with the truth have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far—so that, with many, the misrepresentations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows:

"*Resolved*, 1st, That the American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its Constitution, namely: "the improvement of homœopathic therapeutics, and *all other* departments of medical science," and that it is proud of its achievements up to this time.

"2d, That the imputations cast upon the character and intelligence of the early homœopathists (who were converts from the old school practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional and unworthy of the members of a scientific and liberal profession.

"3d, That the charge made at a later date by the American Medical Association that members of the homœopathic school "practiced upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the science of anatomy, chemistry, physiology, etc.," is absolutely devoid of foundation in fact.

"4th, That the still later charge by some of the profession (the above having been demonstrated to be untenable), that homœopathists 'trade upon a name,' is not only a slurring attempt to check a winning cause, but is a positive calumny.

"5th, That the most recent and present position of a portion of the medical profession, that homœopathists are blameworthy for consorting under a denominational name, thus constituting a 'sect,' is a flimsy pretext, and an insufficient cause for refusing to extend to them the usual courtesies of the profession.

"6th, That the responsibility for the division of the profession into schools, as far as homœopathists are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the new school, and aspersing and ostracising its followers—rendered the closer association of these latter a necessity.

"7th, That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality; and that it will be expedient for homœopathists to continue to be a sect until



their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur*.

"Sth, That inasmuch as the position of the homoeopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions."

Reference was made to the International Convention of 1891, and it was recommended that the Institute make preparation for the same. Respecting an International Pharmacopœia, Dr. Orme recommended that the Institute Committee on Pharmacopœia be instructed to co-operate with similar committees of the societies of other nationalities, in the production of a pharmacopœia that shall be regarded as an authoritative work. He praised the work done by the Institute's Bureau of Pharmacology.

"It is by reviewing our own work, and correcting our own errors that we shall not only make real progress, but that we shall secure the respect of the scientific world.

"We, as a school, claiming to have a more definite and accurate method in prescribing, should aim at the utmost degree of precision as regards our *materia medica* and therapeutic appliances. On this account we should prove carefully, repeatedly, scientifically—under test conditions—and hold fast to that which is good. We have many articles that we know to be good, and we should learn further of their qualities—avoiding a waste of time upon questionable substances. Hahnemann's words should be well considered when he says (*Organon*, § 122), "No other medicines should be employed (in provings) except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured.

"Let us build further and more securely upon foundations already laid, and not allow ourselves to be enticed too far into the proving of new and perhaps valueless or unneeded materials. Unless an article promises to be useful in spheres in which we require new remedies, let us give what time we have to spare to improving our knowledge of the full value of, say fifty or one hundred of our best remedies. It is probable that this number will cover, as far as we are able to cover, the needs of our profession, and 'more is vain where less will suffice.'

"Already the gardens, the fields, the mountains, the plains, the seas, and even the bowels of the earth have been explored with a view to discover drugs to prove, until we have listed over one thousand substances, which are called medicines. Some of these are of such a character that to name them would be indelicate, to think of them disagreeable, to administer or to take them revolting. The profession suffers from a knowledge that such materials are included in our medical *armamentarium*. Let us cease researches in such directions, and rather apply ourselves to the work of expurgation.

"We are all aware that there is a limit to human capability, and that it is beyond the capacity of the most comprehensive intellect to compass a knowledge of the full value of one-tenth the number of medicines advertised by our pharmacies. I am moved, therefore, to suggest to our bureau of *materia medica* that it might be well to take up the subject of determining, by such methods as may be devised, upon a certain number of the most valuable remedies we have, in order that study may be chiefly confined to them. We suffer now from an embarrassment of wealth; the student is confused. We have scattered too much, and we should now combine and concentrate. Our state and other societies should co-operate with our bureau of *materia medica* and our standing committee upon drug provings. We may then expect good and trustworthy results—such as we may point to with pride.

In connection with this subject of precision in our work, a suggestion to our standing committees on "pharmacy" and "drug provings" may not be amiss, to the effect that it might be well to consider anew the best forms of medicinal substances for provings and for use—recommending, when other things are equal, or nearly so, those preparations which are most stable and of definite strength. When our early provings were made, our devoted pioneers had not the chemical preparations of the active principles of medicines which we now have. We should improve with the progress of science. A grain of sulphate of morphia is the same definite quantity of medicine the world over. It is not so with a grain of opium or twenty-five drops of laudanum. A grain of santonine also represents a definite amount of medicinal power, while it is not so with a given number of drops of cina.

Chemical compounds have much advantage in the quality of definiteness, and among these we have many of our best and most trustworthy remedies.

Tinctures and powders are known to be variable in strength, even under the most careful gathering and preparation, and these differences are multiplied indefinitely in the attenuations. We should overcome every element of inexactness as speedily as possible, and it may be well to consider if the fluid extracts, reduced to a definite degree of medicinal strength, may not be better preparations, in some cases, than the tinctures.

This Institute, in conjunction with the British Homœopathic Society, has commenced, and been for several years engaged in, the good work of securing precision in the matter of provings, under an admirable scheme, approved by both associations; and all work in the line of provings should be in accordance with the instructions laid down by the two bodies which have undertaken the editing and issue of the *Cyclopædia of Drug Pathogenesis*.

It is manifest that the Institute is committed to this work, which has an editor and consultative committeemen from each of the nationalities immediately concerned in the undertaking, and that it is in honor bound to continue its financial support of the *Cyclopædia*, as resolved last year, to the end.

And now, in closing, a word with regard to our grand old organization—the oldest national medical association in our country—the largest homœopathic society in the world. May we not justly feel proud as we take a retrospect of its history, or as we view its present condition and prospects? Are our hearts not stirred as we think of the noble men who founded it when courage was required for the undertaking—who counseled together and who fostered it through many trials and discouragements? May we not take pride in the long range of its annual volumes of *transactions*, with their many valuable papers and discussions, showing original work and research of a high order? May we not feel gratification as we consider the quality of its membership, past and present? Would we not be glad to have the world look in upon us to-day?

And while we thus pardonably, as we believe, exult (in our own house) in our past history and our encouraging condition, let us resolve upon still better things. Let us gather certainly and regularly at these meetings, bringing our own contributions, and being benefited by those of others; let us cultivate fraternal feelings; and let us, at every gathering, beside doing good work for the cause of medicine and humanity, have a genuine love-feast!

DR. HELMUTH, of New York, moved that a vote of thanks be extended to Dr. Orme for his able address and that a committee be appointed to report on the same. Carried.

The Vice-President, Dr. A. R. Wright, appointed as committee on President's address, Drs. W. Tod Helmuth, B. W. James and Geo. A. Hall.



The Treasurer, Dr. Kellogg, then presented his report, showing a balance on hand of \$506.08 as against \$340.21, the year previous. The cost of binding and printing the Transaction of 1886 was \$1953 20. The receipts during the year amounted to \$3375.50.

As recipient of the subscriptions to the Cyclopædia of Drug Pathogenesis, Dr. Kellogg said that he had received \$730.75, and he had expended for Part Fourth \$225.55 and \$279.18 for Part Fifth, leaving a balance to the credit of the Cyclopædia fund of \$96.32.

On motion the report was accepted and referred to the following committee: D. S. Smith, of Chicago; J. H. McClelland, of Pittsburgh, and Horace Packard, of Boston.

DR. BURGHER read the report of the Executive Committee in reference to a number of important changes necessitated by the sectional plan. Among these subsequently acted on and adopted were the following:

That all papers presented in each section, together with the discussion thereon, shall be referred to the Committee on Publication.

That the President shall appoint the chairmen of all bureaus for the ensuing year, and shall announce all such appointments no later than the Thursday morning session.

That sec. 14 of Art. 7 of the By-laws shall not apply to sectional meetings, but for this session each section may adopt rules governing its own papers and discussions.

The report of the Bureau of Organization, Registration and Statistics was then taken up. The first paper was by the chairman, T. Franklin Smith, New York.

Number of medical societies reporting, 123; number of medical societies not reporting, 27; number of national societies, 5; number of sectional societies, 2; number of state societies, 31; number of local societies, 112; number of hospitals, etc., reporting, 43; number of hospitals, not reporting, 14; the hospitals report a bed capacity of 4,239; whole number of patients treated, 13,862; number cured, 5,935; number relieved, 4,471; number died, 910, showing the very low mortality of 1 5-10 per cent.; number of dispensaries reporting, 34; number of dispensaries not reporting, 12; number of patients treated therein, 142,629; number of prescriptions, 376,886; number of colleges reporting, 14; number of students, 1,171; number of graduates during the past year, 372; number of alumni, 7,732; number of journals, 24.

The report, together with the recommendations, was adopted, and Dr. Smith was requested to remain in charge of the bureau for the next year.

DR. STRONG announced that he had nearly finished the indexing of the reports of the Institute. He said he had all the Transactions but six, and he relied upon the older members for those.

DR. KINNE moved that the matter of indexing the reports be referred to the Publication Committee, they to recommend as to its expediency during the present session.

The delegates representing the various homœopathic institutions in the country presented their reports, after which the Institute adjourned until the following morning.

SECOND DAY.—MORNING SESSION.

PRESIDENT ORME called the Institute to order at 9.40 A. M. Dr. Geo. B. Peck called the attention of the Institute to the importance of physicians answering letters of inquiry from directory publishers. Their inattention marred the correctness of the publications.

The Committee on Drug Provings reported. A number of provings had been made under the direction of Dr. Chas. Mohr, of Philadelphia. The drugs proved were the following: *Adonis vernalis* in ten grain doses; *chininum arsenicosum* 1x and 6x triturations in one grain doses, and gtt. of the 6th and 30th dilution; *lilium tigrinum*, five and ten grain doses of the crude drug.

DR. SHERMAN, who presented the above report, said that the committee would continue the provings. On motion, the report was accepted and referred for publication.

The service of Dr. E. M. Hale, of Chicago, as member of the Committee on Drug Provings, having expired, Dr. Martin Deschere, of New York, was appointed to succeed him.

The report of the Committee on Pharmacy was presented by the chairman, Dr. Clarence Willard Butler, of Montclair, N. J., who stated that Dr. Wesselhoeft had in previous years said that the great distances separating the members of the committee, prevented a complete report. He announced that experiments had been made in regard, first, to the physical nature of drugs, and secondly, as to their pathogenetic power. The drug with which the provings were made was *mercurius solubilis*, the same as last year.

DR. J. P. SUTHERLAND, of Boston, presented for Dr. Conrad Wesselhoeft, a table, illustrating the comparative value of different preparations of *mercurius solubilis*, as shown in provings by the students of the Boston University. There were ten provers, five males and five females. The medicine was distributed in four boxes, numbered 1, 2, 3, and 4, respectively. One box contained *sac. lac.*, the others different preparations of *mercurius solubilis*. The provings of *sac. lac.* were



pretty profuse and consisted of catarrhal sore-throat, diarrhoea, boil on the chin, etc. One prover taking the mercurius had no symptoms at all. Two of the provers were made so ill that they took medicine to antidote the symptoms. The report showed that the symptoms of the mercurius provings differed but little from those of *sac lac*.

DR. SUTHERLAND also read an exceedingly interesting paper by Dr. Wesselhœft, and entitled the "Discovery of the Reason why Prolonged Grindings make Triturations Darker." The author opened his paper with a reference to the discovery announced last year by Dr. Sherman, that triturations of mercurius sol. bought in open market when subjected to further trituration, grew darker as the grinding process continued. Dr. Wesselhœft had always maintained, that it was impossible to reduce certain hard insoluble substances beyond a certain point. Dr. Sherman had reported that as the trituration progressed, a mixture which was in the beginning white, changed to gray and finally to brownish-gray. And thus he was led to declare the doctrine of limited divisibility no longer tenable. The change of color in merc. sol. 1x trit., Dr. Wesselhœft said is well-known and need excite no discussion. In the process of grinding, the quicksilver turns gray or blackish-gray, which change of color does not exceed a certain limit; but when 2x and 3x triturations change from white to gray or slate color, there must be some other reason for it. In these investigations, the co-operation of Dr. J. W. Clapp was secured. Thirty grains of cuprum 2x were ground in a one pestle mortar for one hundred hours. Long before the time was consumed, the powder had become a dark brownish-gray. This color was different from that of any preparation of cuprum obtained from our pharmacies. Next, the simple control test of triturating sugar of milk for one hundred hours was made. Long before this time had elapsed, the sugar of milk had reached the same brownish hue. As there was no metal or other substance in the sugar of milk, the dark color could not be due to progressive comminution of any metal. Dr. J. W. Clapp drew attention to an important observation. By rubbing forcibly a mortar and pestle, there appears a black mark. Then a new mortar was taken and worked with a pestle. The whole inside of the mortar became brownish-gray and this coating could be washed off by water. It is not soluble, however. Another very interesting test has been applied, proving that the materials of which the mortar is composed, cause a difference in the intensity of the shading of the substance. The same quantity was ground in a porcelain mortar; the result was a clear gray powder, perceptibly lighter than that from the wedgewood mortar. These tests

prove that the mortar alone causes a darkening in the color of the sugar of milk, and that the different shades depend upon the kind of mortar used. Thirty grains of mercurius viv. 1x were ground in a porcelain mortar one hundred hours. The product was of a pearly-gray color. It was lighter than the sugar of milk. This proves that the presence of the mercurius softens the color. Small quantities of material are necessary in these tests. Dr. Wesselhöft closed his paper by maintaining his former position, affirming the limited divisibility of matter.

DR. LEWIS SHERMAN, of Milwaukee, next read his report on pharmacy. He said that Dr. Wesselhöft's paper was unexpected to him, and apparently antagonized his own observations. He formulated a number of propositions as the summary of the work done during the past two years. 1. Various metals in trituration with milk sugar become darkened in color and grow darker the longer they were triturated. In his experiments as announced last year, he had used a German mortar. Control experiments with milk sugar did not cause any darkening of the latter. He had been aware for some time, that grinding of milk sugar in a wedgewood mortar would produce darkening of that substance, especially if the quantity be small. Furthermore it appears that corallium rubrum may be triturated for a long time without becoming darker in color. These experiments refute those of Drs. Clapp and Wesselhöft. It is well known that platinum when fine is perfectly black; the finer a precipitate of aurum is, the darker it is. 2. This darkening is independent of any chemical changes from exposure to air for it takes place in triturations of the nobler metals; and oxidation can be shown with soft metals like stannum and mercurius. 3. *Pari passu* with the darkening of the metal there is mechanical subdivision. 4. There is developed at the same time, the property of suspensibility in water and other liquids, and the length of time of suspension after agitation is in direct ratio to the fineness of subdivision. 5. The amount of trituration necessary to reduce insoluble drugs to a given standard of fineness is different in different drugs. The Hahnemannian period is barely sufficient for the softest. The hardest substances, as graphites and aurum, require one hundred times as much grinding as does mercurius. 6. The rapidity of subdivision diminishes as the trituration proceeds. Samples were shown of mercurius vivus 1x having 24, 40, 80 and 120 minutes of trituration respectively. These confirmed this proposition. 7. Samples were shown of *merc. jod. rub.* crude and in triturations  $\frac{1}{10}$  and  $\frac{1}{1000}$ . The  $\frac{1}{10}$  trit. cannot be prolonged and the work be made so fine that the  $\frac{1}{1000}$  cannot



be made finer; the same can be said of the  $\frac{1}{100}$  and  $\frac{1}{1000}$  triturations. This is a confirmation of the correctness of Hahnemann's prescription for the addition of sugar of milk in successive triturations. 8. In the case of mercurius  $\frac{1}{100}$ , the 2x triturations found in the market in 1886 were with one exception inferior to Hahnemann's  $\frac{1}{100}$ . Nearly all were shown to have received less than the equivalent of five minutes trituration according to Hahnemann's method. 9. Samples were shown of trituration made according to the British Pharmacopœia in comparison with those made according to the original prescription of Hahnemann. The result shows that the former, although claimed to be the superior of the two, is really not so. 10. Samples were shown of mere. viv. ground ten hours to the thousand grains, and the same is scarcely distinguishable from the sample which is ground one hour to the hundred grains. 11. A sample of mere. viv., ground ten hours to the hundred grains or ten times the Hahnemannian period, was shown to be superior to the latter. 12. Samples of cuprum met., purchased in open market in 1886 and reground 150 hours to the hundred grains, became much darker and looked as though they might contain one-thousand times the drug in the original. 13. Samples were shown, illustrating the fact that successive triturations of copper did subdivide. 14. The speaker dissented from the conclusions of esteemed co-workers to the effect that trituration does not reduce the finest particles beyond a certain point.

The above report of the Committee on Pharmacy was accepted and referred to the Publishing Committee. On motion of Dr. C. W. Butler, a vote of thanks was extended to those who had assisted in the provings.

The report of the Committee on Medical Education was next presented through the chairman, Dr. T. Y. Kinne, of Patterson, N. J. Papers were presented as follows: "Post-Graduate Education," by J. P. Dake, M. D., of Nashville, Tenn.; "The Relation of the State to Medical Education," by A. I. Sawyer, M. D., of Monroe, Mich.; "Medical Education," by H. Tyler Wilcox, M. D., of St. Louis, Mo.

DR. T. Y. KINNE called upon the Institute to awaken from the lethargy, into which it had fallen, in relation to this subject. The term of study should be lengthened. Preceptors should give the colleges good material. He considered that the colleges were in advance of the general sentiment of the profession. The three years' graded course should be insisted upon that we may enhance our reputation for well-trained physicians. The Institute is a potent factor in medical education; whatever appears between the covers of its annual volume carries

weight and authority. Whatever the Institute may say on the subject, will therefore be looked up to as an authoritative declaration from the head of the profession. He closed by offering the following resolution:

*Resolved*, That the president shall appoint a special committee of eight, he being *ex-officio*, to which shall be referred all reports, requests and resolutions concerning medical education, provided they do not require immediate action.

*Resolved*, That this committee shall, during the coming year, formulate a plan and course of study, both preparatory and professional, and present such plan at the next meeting of the Institute for its action.

*Resolved*, That this special committee shall be the standing Committee on Medical Education for the ensuing year.

After considerable discussion, these resolutions were referred to the Committee on Medical Education.

The address in Obstetrics was then delivered by Dr. Millie J. Chapman, of Pittsburgh, Pa., and the address in Surgery, by L. H. Willard, M. D., of Allegheny, Pa.

The latter address opened with a short review of the progress of the art of surgery during the past year, after which the attitude of Hahnemann to surgery was referred to. Dr. Willard said that Hahnemann was an eminent surgeon as a prescriber, but not as an operator. He next spoke of the growing tendency to rush into surgery. Students can describe with exactness wonderful and rare operations, but if asked for a description of the simplest diseases, they look askance. He then referred to the growing advances made by homœopathic surgeons until now they were excelled by none. The Institute then adjourned until the afternoon.

#### *Afternoon Session.*

SECTION ON SURGERY.—The Bureau of Surgery convened in sectional meeting with Dr. L. H. Willard, presiding. The first paper read was "The Etiology, Symptoms, and Diagnosis of Morbus Coxarius," by L. H. Willard, M. D. This paper included a masterly exposition of the causes, symptoms and diagnosis of the disorder. This was followed by another paper on the "Pathology of Hip-disease," by W. L. Jackson, M. D., of Boston. In the author's absence, this was read by Dr. Willard. Next, Dr. Jno. E. James, of Philadelphia, presented a paper on the "Medical Treatment of Hip-joint Disease." In the early stages of the disease, in cases occurring in scrofulous or tuberculous constitutions, he recommended, calcarea carb., phos. or iod., fluoric acid, mercurius and phosphorus. When there were no special constitutional indications, belladonna, bryonia, arnica, rhus tox., stramonium, and pulsatilla; in the second stage, belladonna, rhus tox., col-



ocynth, calcarea, arnica and apis; in the third stage, hepar, silicea, fluoric acid, phosphorus, china, calcarea, sulphur, etc. The author presented the following special indications: *Belladonna*, whenever the inflammation, whether acute or chronic, is localized; sudden jerking pains in the thigh and limb; tearing pains in the joint relieved by walking; feeling as if the joint would give way; soreness and tenderness. *Bryonia*, sudden sharp pain with swelling, worse on motion; stabbing pain in the hip; pain along the head of the femur to the anterior and inner surface of the thigh. *Rhus tox.*, involuntary limping; feeling of stiffness in the leg, pain mostly in the knee, worse at night, worse by walking, spasmodic twisting of the leg; pains along the sciatic nerve, rigidity of the muscles about the joint; aggravation from damp and cold. *Stramonium* is similar to *rhus*; it is adapted to a like condition of symptoms referred to the left hip. *Colocynth*, sudden cramp-like pain in the hip causing the patient to draw the leg up; when at the knee, the same kind of pain wakens the child; sudden shooting pains down the leg; seems to be more useful when the right side is affected. *Arnica*, great tenderness and soreness with periodical return of sharp pains; drawing pain in the joint; the hip feels as if sprained; restless feeling, causing frequent change of position. *Pulsatilla*, drawing pain with feeling of heaviness of the limb, rigidity of muscles; jerking pain in the hip-joint extending to the knee; sudden changing of the place of pain.

DR. G. A. HALL, of Chicago, read a paper on the "Mechanical Treatment of Hip-disease." The fundamental principles which form the basis for the selection of all appliances, he stated to be as follows: Should the disease have been precipitated by traumatism the treatment would vary from that of a case which was the result of some constitutional diathesis. The first would be active and destructive, and the second, slow and wasting. In the first we would desire absolute immobility and extension. In the second, we might desire mobility with extension. In very young subjects, the apparatus must be selected regardless of locomotion. For one of more advanced years, it must be constructed so as to admit of locomotion. Appliances which might be proper in the first stage might be inapplicable in the second or third. The author then proceeded to describe the various forms of apparatus recommended in the treatment of hip-disease.

DR. WM. TOD HELMUTH, of New York, then delivered a few extemporaneous remarks on the operative treatment of hip disease. Respecting the advisability of hip-joint resection, the speaker expressed it as his opinion that when a piece of bone is dead, it is then necessary

to remove it. During the past few years, there has not been the necessity for doing this operation as frequently as formerly, because of the improved methods of treating hip-disease in its earlier stages. He gave preference to Hutchinson's shoe over all other appliances. He believed the disease to be of traumatic origin in nine cases out of ten. When an operation was demanded he pursued the following method: A solution of bichloride of mercury (1-2000) is injected into all the sinuses; the parts are thoroughly washed. A solution of iodoform in ether is then poured over the leg, and in less than a minute, the ether evaporates, leaving the whole surface covered with iodoform. Then the incision is made, exposing the neck of the femur. Then the chain saw is applied, and the diseased bone is removed. Then the cavity is filled with balsam of Peru, which is permitted to remain for awhile. Then the wound is packed with marine lint, and its edges drawn together. Next, an ordinary rubber drainage tube is inserted. Over the wound he then places four layers of borated cotton, next gauze, over this more borated cotton, and holds it all in place with an antiseptic bandage, and then puts the child in a wire cuirass. Success in these operations depends upon saving as much periosteum as possible. The dressing is allowed to remain until the discharge soaks through, or until the temperature goes up to  $101\frac{1}{2}^{\circ}$ , then the wound must be looked at.

DR. A. SCHNEIDER opened the discussion on the above papers. He believed that true hip-disease in the majority of instances found its origin in the strumous diathesis. He did not believe that phimosis ever caused hip disease; but he did believe that phimosis occurred in and was caused by strumous constitutions. The term hip-joint disease Dr. Schneider would confine to disease of the joint structure. The history of the case he believed to be very important in making the diagnosis; for example, if in a given case, a child falls and strikes on the hip, and has previously been in perfect health, and suspicious symptoms appear, that child has not hip disease. If, however, there have been previous loss of appetite, debility, etc., the reverse will probably be the case. The fixing of the hip is another very important element in the diagnosis. Rest is the great factor in the treatment of hip disease. Nature endeavors to secure this by fixing the muscles. Over-contraction of the muscles, however, should be prevented. As the case proceeds the muscles flex the thigh, and this should be overcome by mechanical treatment. This should be done by putting the child to bed and applying extension. Splints and braces are only of use during the stages of convalescence. Dr.



Schneider thought that the decreasing frequency of the necessity of operation for hip-joint disease was the administration of lime preparations.

DR. J. H. McCLELLAND believed that most cases of joint disease can be brought under one of two classes, acute and chronic. The acute cases are usually traumatic, and the chronic constitutional, and built upon a diathetic cause. Respecting the etiology of the disease, he believed that the truth lies between the positions of Professors Helmuth and Schneider. The treatment he would divide into expectant, medical, hygienic and surgical. In the first stages put the patient to bed. He did not believe in counter-extension by weights, as such a course only wears the muscles out, and more can be gained by simply fixing the joint in position and securing immobility. Remedies are likewise advantageous. No one who has had experience will belittle the effects he has derived from stramonium in quieting the night pains. No one will belittle the effects he has secured from belladonna, mercury, Hecla lava, and silica. Suppuration *per se*, the speaker did not believe to be a bad thing. Repair often proceeds during suppuration. When, however, bone is devitalized then it must come out. The majority of cases, however, will, with the aid of hepar, silica, etc., come out all right. Dr. McClelland stated that he was in perfect accord with Dr. Helmuth respecting the manner of dressing the cases after operation.

DR. S. B. PARSONS, of St. Louis, said that all cases of hip-joint disease were not the same. There can be a simple synovitis affecting this joint from traumatism, just as in the case of the ankle-joint. Simple rest with extension, cold applications, arnica, belladonna, etc., will here have the same effect as elsewhere. Such cases should not be classed as true hip-disease, which he believed to be always of a tuberculous nature. These cases of suppuration within the joint present nearly the same symptoms as phthisis. You will find cough, night-sweat, emaciation, diarrhœa and hectic fever. Dr. Parsons next quoted the statistics of Grosch, relating to hip-joint resection in 166 cases. He classified them into the first, second and third stages. In the first stage there were four patients and no deaths; in the second stage, there was a mortality of 20 per cent., and in the third, of 65 per cent., and in every one of the latter, tuberculosis was found. In sixteen cases operated upon by homœopathic surgeons there were but two deaths. The only death in Dr. Parsons' experience occurred six months after the operation from acute dysentery. The other case referred to, died from exhaustion. Every one of these cases was

operated in the third stage. Dr. Parsons' own cases were eleven in number. Two of the cases had pulmonary tuberculosis and yet they recovered. The after-treatment consisted of giving the patient a bath of oil every day, and Phillips' emulsion of wheat phosphates with cod liver oil internally. The diet should be of a highly nutritious character.

DR. JOS. E. JONES, of West Chester, advocated the use of the plaster-of-Paris cast by those engaged in country practice. Then a high shoe should be worn on the well foot, and the patient should then go on crutches. At night the cast should be removed and extension applied.

DR. JNO. C. MORGAN said that he believed that tubercle was oft-times the sequence rather than the cause of the lesions called tubercular. Now, in hip-disease, he was inclined to believe that the original local disease could give rise to tubercle. It is well-known that tuberculosis of the abdominal viscera not uncommonly follows pelvic suppuration. The speaker cited a case in point. The absorption of fine particles by the lymphatic system provoke the formation of tubercular cells. Dr. Morgan also called attention to amyloid degeneration as a result of either suppuration or syphilis. It may involve the liver, spleen or kidneys. In the case of the latter organs, the urine becomes albuminous and contains hyaline casts. Unless the suppuration is stopped in these cases, the patient may succumb to the visceral lesions. Dr. Morgan also referred to stramonium as being of great value in disease of the left hip-joint. He had recently learned from Dr. Chas. M. Thomas that it operated also on the right hip. Lycopodium is also of value when the patient wakes up with such an amount of ill-humor and distress that it seems as though no one could live near him.

DR. W. B. VAN LENNEP offered a plea for early operation in cases which go on to the formation of pus. He has operated several cases of hip-joint disease and has been able to compare his results. When he operated early he was able to save more of the periosteum, which was a very important point. He would even suggest the advisability in future cases of aspirating as soon as there was effusion, or even of opening the joint freely, and of examining the parts carefully; then if diseased bone is found, to do a subperiosteal operation. One of his cases succumbed from miliary tuberculosis. He had found phimosis in some of his cases. In nearly all his cases, the joint disease was on the left side. The only exception was one case in which the disease ran its course on the left side and next appeared on the right. Dr. Van Lennep heartily endorsed what Dr. Parsons had said. He had seen



bloody diarrhœa, hectic fever, night-sweats, etc., which all disappeared after the operation. His method of operating was the same as Prof. Helmuth's, except that he did not use balsam of Peru. He irrigated thoroughly with solution of bichloride of mercury (1-5000), and scraped out such sinuses as he did not open. He then sewed up the wound and introduced rubber drainage tubes and covered the whole with bichloride cotton.

DR. SIDNEY F. WILCOX, while believing thoroughly in operation, deemed it best to wait until it was certain that the child could not recover without it. He had seen cases in the third stage cured by Taylor's splint. His array of medicines was not very extensive, (calcareo and silica) because mechanical treatment does much good. Dr. Wilcox was an ardent advocate of Taylor's splint. The trouble with that apparatus, however, was that the child brought its weight on the foot-piece, and the straps will stretch. The speaker exhibited an ingenious modification of Taylor's brace, which he had devised and which overcame these difficulties.

DR. L. H. WILLARD exhibited what he called, "a poor-man's splint." It was a modification of Physick's and Dessau's splints. It was devised by him for use in the Pittsburgh Homœopathic Hospital. It had done its work well. It could be gotten up for the small cost of a dollar and a half.

DR. M. O. TERRY, of Utica, N. Y., referred to hysterical joint disease as resulting from phimosis. He also spoke of a case in which there was shortening of the limb, tension on the ligaments, and everything short of ulceration. Extension was used and the limb returned to its proper length and position. There was still a feeling of tension. The indicated remedy was tried, but what finally relieved, was counter-irritation in the form of the thermo-cautery. Another case had a neuralgic condition of the joint constantly for years. She was cured by twenty-eight applications of the cautery, extending over a space of three months. Dyscrasia, Dr. Terry said, was as mysterious as high potency itself and could not be gotten hold of any easier. The bacillus is mysterious also.

DR. J. C. MORGAN asked if, when referring to dead bone, Prof. Helmuth referred to necrosis.

DR. HELMUTH replied that, in the majority of cases, there was necrosis.

DR. A. CLAYPOOL, of Toledo, told of a case which he was called to resect but did not do so. Examination revealed caries, not necrosis. The bone was scraped and the wound washed out with symphytum and

packed with oakum. The wound was washed and dressed twice daily. Symphytum was also given internally. The patient recovered.

DR. G. A. HALL thought that the locality of pain would indicate the source of disease; for instance, when pain occurred in the knee joint and in the popliteal space, there was no doubt that the disease involved the internal structures of the hip-joint. He held to the theory that the disease was of traumatic origin. In regard to the treatment of the disease, he looked upon the perineal band as an abomination, which gave rise to much trouble. He did not believe that these splints could separate the joint surface. They were excellent only as means of immobilizing the joint. Plaster-of-Paris, he thought, should not be employed for continued use. It must result in permanent destruction of the muscular tissue. He agreed with Dr. Hel-muth respecting the decreasing frequency of the necessity for hip-joint resection. In young subjects, we can do almost anything with the hip-joint, resect it, etc., and these little ones recuperate wonderfully. But in patients over twelve years of age, Dr. Hall's experience had been very unfortunate, most of the patients dying from septic influences.

DR. JNO. C. MORGAN, in speaking of reflex joint diseases, said that in the case of females displacements of the uterus must be kept in view. Lateral displacements throw the uterus on the obturator nerve. This displacement must be removed before the case can be cured.

DR. W. VON GOTTSCHALK, of Providence, R. I., said that his practice was, when convinced of the presence of pus to make a clean incision into the part. He also uses two tissue remedies—calcareo phosphorica and some preparation of iron. With these two remedies, rest, and good feeding he had cured some very bad cases. He had discarded braces as they gave the child no peace.

This closed the discussion and the section adjourned.

SECTION ON OBSTETRICS.—The Bureau of Obstetrics met in sectional meeting at 3 p. m., Dr. Millie J. Chapman presiding.

DR. PHEBE J. B. WAITE, of New York city, presented a paper on the "Renal Complications of Gestation," showing the causes of albuminuria; a certain increase of albumen in the blood being a natural state during gestation, and a slight cause may produce excretion of the same by the kidneys. The subject was illustrated by cases, the writer showing the crudity of old school treatment. She recommended as treatment, arsenic, apis, apocynum, cantharis and belladonna; a careful hygienic treatment was strenuously insisted upon.

DR. EMILY V. D. PARDEE presented a paper on the "Nervous Com-



plications of Gestation." The complications arising from pregnancy are largely due to pressure, which produces reflex nervous phenomena. This being true a cure can only be effected by removing the cause, which in this case is not permissible. The habit of obstetricians calling early and often on pregnant women tends to alarm them unnecessarily. Advise the patient against remaining in-doors. Ready-made wardrobes for the infant are a curse. Let the mother herself make the clothing. It invites love and occupies the mind, lessening the time for worry. A fruit diet is conducive to nervous disease. Among the earliest discomforts of gestation are attacks of syncope. The only danger from them is abortion. Moschus 3x is the best remedy in these cases. Another early distress is neuralgia, when confined to the branches of the facial nerve, it calls for gelsemium, ignatia, coffea, spigelia, etc. Neuralgia of the teeth without caries may appear. Neuralgia of the mammae may appear and is often relieved by phytolacca and conium. In salivation, natrum mur. had been the most serviceable remedy in the doctor's hands. Astringent washes give a transitory rest. In the vomiting of pregnancy, lying with the shoulders low and the hips raised will give relief. A linen compress saturated with French brandy, and strapped tightly, over the gastric region with adhesive plaster, acts mechanically in holding the muscles quiet. The hysteria of pregnancy is always associated with uterine displacements or some irritation of the genital organs. Nux moschata and ignatia are the remedies.

C. G. HIGBEE, M. D., of St. Paul, Minn., presented a paper on the "Mechanical Complications of Gestation," and Dr. George B. Peck, of Providence, R. I., on "Accidental Complications of Gestation," showing the frequency of the recurrence of hysteria, chorea, intermittent fever, typhoid and scarlet fever, variola and pneumonia, and the mortality to mother and child in each disease. In hysteria, chorea and epilepsy there was no mortality to mothers to report. In typhoid fever the maternal mortality was 12 per cent., variola 17 per cent., pneumonia 14 per cent. Dr. Peck also presented his completed report on "Post Parturition Annoyances—A Study," the first paper of the series having been presented in 1880. The comparison of the treatment of allopathic physicians with those of our school showed disastrously for the former. Dr. Peck had taken the pains to compile a series of statistics gathered from the experience of one hundred reputable homœopathic physicians who possess an average experience of seventeen and one-third years; he was therefore in position to speak by the card in reporting his percentages.

DR. T. F. ALLEN opened the discussion by reporting the case of a lady who had fallen down stairs in the eighth week of her pregnancy, carrying on her arm at the same time, her two-year old child. In falling she was so thrown as to save her child but she fractured her leg. This was properly attended to but it was the mother's constant fear that her unborn child would have club foot. Instead of this however, it had, when born, no mark except a horribly bruised nose and lip.

DR. TITUS L. BROWN said that he believed in many instances too much medicine was given in these cases; that patients suffer as frequently from drugging as from ailments. He narrated the case of a lady who had been treated for years for every conceivable disease, but without permanent benefit. When she came into the speaker's hands, he thought she was suffering from drug disease; without telling her so, he put her on large-sized blank pills, and from that time on she improved and ultimately recovered.

DR. WM. OWENS reported two cases of tumor which proved to be accumulations of fecal matter.

DR. O. B. GAUSE said that he was consulted some months since by a gentlemen concerning the supposed pregnancy of his wife, which, however, seemed after a certain time to disappear, although up to that time there was every indication of pregnancy. This had again been repeated, and the doctor was anxious to see if the supposed pregnancy would again disappear at the same relative period of time.

DR. B. W. JAMES said, that in his practice some fifteen years ago, he had had two cases of tumor in the ovarian region, both in the left side and cystic in character. Pregnancy ensuing, he was much alarmed as to the result. One case went to full term and was delivered all right. The growth disappeared after parturition. The second case caused much trouble. The growth was sufficiently large to come down and cause an obstruction. After delivery, everything went along all right. However, the tumor reappeared and is continually growing.

DR. T. L. BROWN desired to call attention to the statement he had seen lately, that the pulse of pregnant women was the same standing, sitting or lying.

DR. PEMBERTON DUDLEY said that he had made the experiment mentioned on forty-eight young men, students in the college, and had found the pulse of three the same in all the positions mentioned.

DR. WM. OWENS reported the case of a lady 40 years of age, who had come to him with what she supposed to be a large dropsical tu-



mor. He had several times been called upon to tap the tumor. By accident this lady fell while in her kitchen, and immediately a greenish fluid began to discharge, and she has been growing better ever since.

DR. NICKELSON reported the case of a lady with tumor. She died, however, before he could make a diagnosis. At the post-mortem, it was discovered that it was caused by liver disease.

DR. H. TYLER WILCOX reported a cure of a case of fibroid tumor by electricity.

DR. O. S. RUNNELS related a case which died, as he believed, because proper interference had not been resorted to, to bring about premature delivery.

DR. M. H. VAN DENBURGH gave an interesting case of ptyalism, which resisted all remedies.

DR. J. G. B. CUSTIS called attention to argentum nitricum as a remedy in albuminuria.

DR. H. C. ALLEN related a case of intense itching. The late Dr. Guernsey had told him to look for a psoric diathesis in such cases. He therefore gave a dose of psorinum and followed that with sulphur, with success.

DR. CHANDLER WEAVER detailed a case of a lady with albuminuria. In this case, delivery did not bring about cessation of the difficulties, for after the birth of the child, convulsions set in and were distinctly traceable to the renal complication.

MRS. DR. CULVERT closed the discussion with the narration of an interesting case of pregnancy in an elderly lady married to a gentleman of 70. This patient was brought to bed with the usual premonitory symptoms. But the full term was passed without result. Eighteen months from the date of conception a fetus was born, which weighed one pound. The question arose, was this a full term child carried beyond that term and thus become atrophied. Subsequent pregnancies of this patient pursued the same course.

The discussion then closed and the bureau adjourned.

### *Evening Session.*

The report of the Bureau of Clinical Medicine and Special Therapeutics being the order of the evening, the platform was taken by Dr. J. W. Dowling, of the New York Homœopathic College, who read the address on "Clinical Medicine." The speaker referred to the incurability of urinary diseases, incurable because occurring in weakened constitutions. They occur not only as a result of personal transgres-

sions, but also because of transgressions of ancestors. While the anatomy of the kidney had been closely studied, much was still to be learned of its physiology. A new physiological use of the prostate had been given forth. The medical treatment of the old school had not advanced much. Surgery had done much in disease of the kidneys and bladder. Calculi had been removed from kidney, and the entire organ successfully removed. Several interesting cases were related by the writer showing the persistent and long continued effects upon the kidneys from excessive use of alcohol. Dr. Dowling also related one case exhibiting albuminuria for twenty-three years, thus showing that signs of kidney disease, which formerly meant death, have not the same fatal import to-day. The pathological division of kidney disease was also referred to, but he regretted that the symptomatology did not render a diagnosis always possible.

The next paper was by Dr. Clarence Bartlett, of Philadelphia, on "The relation of the Nervous System and the Eyes to the Urinary Organs." The speaker referred to cases of nervous diseases in which albuminuria coexisted, although the kidneys were in perfect health. He referred to cases of neuroses affecting the neck of the bladder, resulting from sexual excesses. Uræmic paralysis, as described by Raymond, was also mentioned. The greater portion of the paper was devoted to the consideration of the nervous and ophthalmic symptoms of Bright's disease. The most prominent of the former is headache. A case in point was described, in which the diagnosis was rendered doubtful by the urinary examinations, of which some fifty or sixty were made by well-known physicians, and in only one instance was albumen found. The patient ultimately succumbed to contracted kidney. Paralysis and convulsions were also mentioned, the former usually being of apoplectic origin. Lately the writer referred to the ophthalmic symptoms which he said might be first evidence to the patient of anything wrong. The eye symptoms were nearly always late symptoms.

A paper on "Chronic Cystitis" was presented by Dr. W. J. Martin, of Pittsburg, Pa. After referring to the clinical symptoms of this trouble, with the causes thereof, the writer referred to chimaphila as a reliable remedy in this disease. He related a marked case of the trouble, as an example of several others, in which this remedy exercised a decided influence.

DR. J. M. SCHLEY, of New York, read a valuable paper on the question, "Are sensible changes in the kidneys a necessary concomitant of old age?" His paper was exhaustive and his conclusions were: 1. Few persons, male or female, reach the stages of profound



senile changes in this section of the country without manifesting some form of nephritis. 2. After we pass the age of forty-five when arterio-fibrosis (Gull) sets in, we meet with changes in the kidney, which are permanent. More frequently the higher we climb on the ladder of age, the more frequent are these morbid conditions found. 3. After 70, it is one of the greatest rarities to find a healthy secreting kidney. If we should examine such cases frequently and carefully, he was quite sure that we would find disease where health seemed to exist. 4. By appropriate diet such troubles may be held in abeyance for years. 5. In aged persons suffering from catarrhal or croupous nephritis, though it be but slight, a mild fever or an insult is sufficient to stop the work of the kidneys and cause speedy death. 6. The microscope is the surest medium to rely on for diagnosis and prognosis.

Of the other papers presented were "Pyelitis," by J. S. Mitchell, M.D., Chicago; "Significance of Albumen, Blood, Pus, Casts and Epithelium in the Urine," by Edw. B. Hooker, Hartford, Conn.; Is "Bright's Disease Hereditary," by A. L. Kennedy, M.D., Boston.

DR. T. F. ALLEN, of New York, opened the discussion. He said that in the great majority of cases where a mercurial was required, as shown by symptoms such as nocturnal aggravation, easy perspiration, sensitiveness to the open air, furred tongue and gastric symptoms, the mercurius protiod. has been indicated more frequently than any other preparation of mercurius. There is a routine tendency to prescribe mercurius cor., which in Dr. Allen's experience is but rarely indicated. Merc. cor. is only called for when there are more or less reflex bladder troubles, as pain in the sacrum, heat and pressure in the rectum, etc. But when we have, as we often do, heavily furred tongue, one sided (especially right-sided) headache, pressure on the vertex, and vertigo, merc. protoiod, will be exceedingly valuable. Again, Dr. Allen had found *colchicum* an extremely useful remedy in subacute nephritis associated with symptoms of lithæmia. His attention was first directed to colchicum in a case in which the patient was unable to lie on the back with the legs stretched out. Stretching out of the legs caused soreness of the back and feeling of coldness in the stomach. He had also used it in cases with gouty symptoms. In three or four cases in which Dr. Allen had prescribed it, the pains in the kidneys and stomach and the gastric symptoms, nausea and vomiting, had alternated with occipital pains. In such cases he had found *picric acid* to be the alternate of colchicum.

DR. GEO. M. DILLOW, of New York, said that in connection with Dr. Schley's paper there was a very important matter indeed. He believed with the author that in rare instances only did we find a healthy kidney in the very old. But it is a question whether the so-called gouty kidney should be classed under the head of senile nephritis. In Germany, the distinction is made between the arterio-sclerotic kidney which goes on to atrophy and the chronic contracted kidney or chronic contracted nephritis. These changes generally occur in the gouty in whom the elimination of these toxic substances by the kidneys brings about a slow form of inflammation, resulting in the increase or in the proliferation of connective tissue and subsequent contraction. In the arterio-sclerotic kidney we have a general process which goes on throughout the entire system. These changes occur in the arteries of the kidney, in the glomeruli, cutting off the supply of blood, and so bringing about atrophy of the kidney with resulting softening, and not, properly speaking, a genuine contraction. But how one is to make a distinction between the two is not to be seen. The signs of the two are the same. In both we have high arterial tension, hypertrophied heart, etc. In the true senile kidney, we are more apt to find cerebral hemorrhages than we are in the contracted kidney. Another point worthy of note is the tendency of these patients to sudden death in the course of acute inflammations. Dr. Dillow had observed a number of cases where pneumonia had developed in the course of contracted kidney and in which the consolidation was associated with very little cough and only a slight elevation of temperature, yet the patient died suddenly. Whether or not there is any connection between the low temperature and the kidney disease is a question. The speaker had noticed this low temperature in cases of pneumonia occurring at earlier ages where the kidneys were also affected. Another very important point in the course of these inflammations in the aged, is the observation of the elimination of urine. The quantity of urine passed daily is a matter of great clinical importance. Physicians do not take this sufficiently into account. In those cases where, in Dr. Dillow's experience, a fatal result occurred in pneumonia and other diseases, suppression of urine for a few days before death was always noted. The speaker then referred to the relation that exists between the specific gravity of the urine and the quantity of urine eliminated. He did not believe that specific gravity alone was of much importance. The specific gravity must be taken in association with the amount of urine passed *per diem*. For instance, it is common to find a specific gravity of 1024 in cases of chronic kidney disease, and yet one need not be de-



ceived if he takes into consideration the quantity of urine passed. It is better to throw the specific gravity out of account and calculate the total solids of the urine. This estimation of the solids is as important as any microscopical or chemical examination.

DR. JNO. C. MORGAN said that since Dr. Dillow's lecture in Philadelphia, he had always, in suspected cases, insisted upon knowing the quantity of urine excreted daily, and from this the total amount of solids eliminated. He was surprised to find that in four-fifths of the urines examined there was defective elimination of solids amounting to from one-third to one-half. This result Dr. Morgan attributed to defective water supply. It would be wrong to jump to the conclusion that all these are cases of nephritis.

DR. B. W. JAMES said that it was customary with him in these cases to insist upon plentiful supply of fluid. His experience showed that this elimination of solids was an important point in the diagnosis of Bright's disease. A patient begins to feel out of sorts, he hardly knows what is the matter with him, he has aches and pains, etc.; he wants to be taking medicine all the time. These cases are the ones in which deficient excretion of solids is noted. The ophthalmoscope is an important agent in the diagnosis. He had seen cases in which the retinal changes occurred before there was any other symptom to indicate albuminuria.

DR. T. GRISWOLD COMSTOCK questioned Dr. Dillow as to his experience of the specific gravity, etc., as elements of prognosis in Bright's disease.

DR. DILLOW replied that the answer depended upon the case. The more the kidney structures are involved the more incapable these organs are of eliminating solids and the nearer the patient's life is to the end. Diminution of solids is an element of progress in acute diseases. Suppose a patient with pneumonia to be eliminating 30 grammes and the microscope reveals casts. Then the amount of solids falls to 10 grammes. Then there is reason to feel fearful as to the outcome of that case. Diminution of the solids in nephritis is found as a forerunner of uræmic convulsions. By keeping close watch on the total solids, one is generally able to protect his patient. The best diuretic is water.

DR. J. H. CARMICHAEL asked what was the influence of diet in these cases:

DR. DILLOW replied that he could not answer that question from positive experiment except in one case. He then found the elimination of solids increased by the meat diet, and without

any increase of the usual inflammation, so far as he could understand.

DR. JOHN C. MORGAN asked if Dr. Dillow regarded the patient as having increased health.

DR. DILLOW replied that it was hard to say whether it was so or not. His other symptoms were not aggravated but at the end of four weeks he felt so prostrated that he abandoned it.

DR. JOHN W. DOWLING said that he had listened to the subject with great interest. He thought that eating large quantities of meat was damaging, unless accompanied by taking large quantities of solvents, as water. Let patients partake of a meat diet, and exclude water, and the various organs will become disturbed, commencing with the liver. He did not like the term Bright's disease of the kidneys. He looked upon it as a portion of a general diagnosis. He should suspect the true state of affairs long before he got to the kidneys, he should see to the temporal arteries, to the margin of the cornea, to the dilated or tortuous vessels of the skin, to the costal cartilages, to the radial artery, to the heart and finally to the urine. In the majority of cases, the kidney disease was but a part of a general condition.

DR. J. H. CARMICHAEL recommended enonymin as a remedy for albuminuria and fluid-extract of pichi in cystitis.

DR. DILLOW spoke of the inaccuracies of urinometers. He had seen very few that were correct. Those made by Hicks, of London, were the best.

DR. T. G. COMSTOCK said that he had used pichi in a number of cases of cystitis with good results.

### *Third Day—Morning Session.*

The Auditing Committee reported through its chairman, Dr. D. S. Smith, that they had examined the accounts of the treasurer and found them correct.

DR. PEMBERTON DUDLEY read the report of the Committee on Medical Literature. He reported an improvement in our journalistic literature in two respects. In the first place, there is an improvement in the character of the articles, and in the second place, in the scholarship. He thought there was also a material improvement in the character of the advertising pages, as urged by Dr. Hasbrouck. Our journals need more and more papers based on the practical experience of the writers, and less and less of book-learning. We want practical discussions on practical themes. By request, Dr. Dudley read the list of American homeopathic journals.



DR. T. F. ALLEN moved that the *New York Medical Times* be stricken from the list, as it was an opponent of homœopathic interests in the State of New York. This motion was seconded by Dr. Sparhawk, and also by Dr. Dudley, and carried without a dissenting vote.

DR. A. R. WRIGHT, vice-president, presented to the Institute, in the name of the president, the gavel of Georgia pine, already referred to in our columns.

On motion of T. Y. Kinne, M. D., it was

*Resolved*, That the thanks of this Institute be tendered President Orme for his gift of this beautiful gavel in the hope that it may mark each onward step in our progress until the final summons from labor to rest shall find us all in order at our eternal home.

The committee on the president's address presented the following report: "The address of the president is full of points of special interest to the Institute. It embodies a resumé of the progress of homœopathy in this country, and reveals the astonishing fact that the school has increased in strength 10,000 per cent. in sixty-two years. It also exhibits wonderful reform in medical practice in general. He further gives an expose of the various unjust charges brought up against the system in by-gone years, and which the school has outlived and outgrown in certain sections of the country. We ask the Institute to appoint a committee of three on the International Convention of 1891, to prepare a plan, or institute proper methods for the success of that body. We also recommend that the Committee on Pharmacopœia be instructed to study the whole subject of the purity of medicinal vehicles, and of the articles contained in the *Materia Medica*, as well as the matter of the exclusion and elimination of those articles that contain little or no medicinal properties beyond the vehicle of preparation. Recognizing that great precision and uniformity is required in the matter of drug provings is the keystone of success, we would have you insist upon obedience to all of the rules and recommendations of the committee on provings. We further recommend the continued financial support by the Institute of the work already so successfully carried on under the name of the *Cyclopædia of Drug Pathogenesis*."

On motion, the report was accepted, and its recommendations adopted.

DR. S. P. HEDGES, of Chicago, then delivered the address in Gynæcology, and Dr. C. D. Crank, of Cincinnati, the address in Pædology.

DR. TITUS L. BROWN, of Binghamton, N. Y., offered a resolution to the effect that when one college refuses to graduate a student because of incompetency, other colleges of the school should respect that

decision, and, in so doing, deserve the support and credit of the profession. After considerable discussion, Dr. Brown's resolutions were referred to a committee which was to report to the Institute, and to the intercollegiate committee before the close of the present session. This committee consisted of Drs. H. D. Paine, Jno. E. James and T. Y. Kinne.

DR. J. C. MORGAN, of Philadelphia, offered the following, which was adopted :

*Resolved*, In cases of vacancy occurring in any bureau or committee, after the announcement of the same by the president, the chairman shall have authority to fill the same, giving prompt notice thereof to the general secretary of the Institute, who shall include such names in subsequent publications.

In the absence of Dr. C. H. Vilas, of Chicago, chairman of the Bureau of Ophthalmology and Otology, the address on these subjects was read by Dr. Geo. S. Norton, of New York, after which the Institute adjourned to meet in sections in the afternoon.

*Afternoon Session.*

BUREAU OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

The Bureau of Ophthalmology, Otology and Laryngology convened in sectional meeting at 3 P. M. In the absence of the chairman, Dr. Vilas, Dr. Geo. S. Norton presided.

The first paper was that of Dr. Vilas, on Sarcoma and Carcinoma of the Choroid. It was read by Dr. Norton.

The discussion on this paper was opened by Dr. Norton, who remarked that it was generally easy to diagnose these tumors with the ophthalmoscope. He then related a case which puzzled him greatly. One eye had been injured, and sympathetic irritation appeared in the other eye. The tension of the eye, however, remained permanently great. At last, he noticed that at the lower and outer quadrant, the iris began to bulge, and that gave rise to the suspicion of tumor. Prominent old-school ophthalmologists called it a case of irido-choroiditis. The future showed Dr. Norton's suspicions to have been correct.

DR. E. H. LINNELL asked if these tumors ever grew excentrically.

DR. NORTON replied that he did not think they did, as they would develop in the direction of least resistance.

DR. LINNELL said that he thought the tumor might soften the sclerotic and thus develop in that direction. He asked this question because he had a case suggesting melano-sarcoma. A permanent black spot appeared on the cornea about four lines from the border,



and that has the appearance of a sarcoma. The patient's sight is failing.

DR. NORTON asked if it was not a melano-sarcoma in the sclero-corneal junction. He had seen several cases of melano-sarcoma which had arisen in the sclero-corneal junction. There had been little pigment spots which had existed all through life, and then sarcomatous growths have developed.

DR. HOWARD P. BELLOW, of Boston, read a paper entitled "A Clinical Study of *Verbascum Thapsus*." The author introduced his paper by speaking of the use of mullein oil in domestic practice, of the cases of ear disease reported as cured by it during the past year. For experimental purposes he prepared a tincture of the plant. He took it freely himself in the hope of producing aural symptoms. He obtained the oil in the usual manner and added alcohol to it in order to preserve it. The tincture thus prepared was of a reddish-brown color. He quoted from provings of Hahnemann and his associates. The leading sensation seems to be a pressure or sense of drawing. When pains are produced they seem to be almost invariably of a stitching or sticking character. This general effect of the drug seems to characterize the aural symptoms which it develops. The author made a proving on himself. He took fifty drops a day for eight days, and one hundred drops a day for three days. On the fourth day he felt conscious of an uneasiness of the left ear. The hearing distance remained normal. No decided pains of any sort were felt. Time after time during the proving this same uneasy sensation was felt associated with dull frontal headache. Failing to obtain any great results from the proving, investigations of the drug in actual practice were made. The drug was used by instillation and by internal medication in numerous cases of aural disease without satisfactory result. In conclusion the author stated that he was unable to confirm the wonderful reports concerning *verbascum*; still it has its sphere. It is good enough in the hands of the laity for application in cases of ear-ache.

This paper was followed by a running discussion participated in by Drs. B. W. James, Wanstall, Bellows, Cushing, Linnell, Jones, Hasbrouck and A. B. Norton. Most of these gentlemen expressed themselves as having been very much disappointed in the use of the drug in aural practice. Dr. Cushing claimed, however that this was because the tincture was used instead of the oil. Dr. Jones, of West Chester, had one case of acute aural catarrh much benefitted by it. Dr. A. B. Norton suggested that the benefit derived from the instil-

lation of the oil might be due to the solvent action on the cerumen. Most of the speakers, however, admitted beneficial action of the drug in nocturnal enuresis.

DR. E. H. LINNELL, of Norwich, Conn., then read a paper on fibroid polypi of the nose and throat.

DR. GEO. S. NORTON said that he had been unfortunate enough to have three cases of sarcomatous tumors, one in the antrum, one in the orbit and one extending into the ethmoid cells and the inner angle of the orbit. The latter case was sent to Dr. Knapp to get his opinion. He performed an operation and the patient died. After that Dr. Norton had another case which involved the antrum and extended into the orbit, and also through the hard palate. That patient lived one year. Another case which involved the orbit, the speaker resolved to remove himself. That patient died also.

DR. GEO. M. DILLOW remarked that it was usual for all these cases to die.

DR. B. W. JAMES read a paper on the Etiology and Treatment of Cataract.

DR. LINNELL said that he believed that he had several times arrested the growth of cataract by internal medication. He had also used galvanism successfully in these cases, the negative electrode being applied over the closed eyelids and the positive over the temples. There was a decided improvement in vision.

DR. ALFRED WANSTALL, of Baltimore, said that he had treated a number of cases of cataract and felt that he could arrest their growth in many cases by medicines. In cases where the vision is not below  $\frac{3}{8}$  he thought it almost safe to promise an improvement; he had seen it occur so often. The best remedy is sulphur. He had no special indications for it. Where striæ are noticed no change can be made in them, but a certain diffused haziness may be made to disappear. The speaker had also used other remedies than sulphur and mentioned cases relieved by pulsatilla and sepia.

DR. ARTHUR B. NORTON mentioned causticum as a valuable remedy in cataract.

DR. CLARENCE BARTLETT asked Dr. Linnell if in his cases, helped by electricity, the remedy simply improved local nutrition or caused an absorption of the lens.

DR. LINNELL said that it improved local nutrition.

DR. A. B. NORTON had treated a number of cases with electricity with some benefit.

DR. GEO. S. NORTON endorsed what Dr. Wanstall had said. He



believed that in nine cases out of ten we can stop the progress of cataract, provided that it has marked striae or slight diffused haziness. Under treatment the haziness will improve, although the striae will remain. The latter are stopped in their onward course. In cases involving the nucleus of the lens, without striae, medicine did no good whatever. Dr. Norton had used causticum with better results than any other remedy. He had also used sepia. Electricity will help some cases. He had lately used a new remedy—naphthalin. The results are uncertain as yet, owing to the short time the remedy has been employed.

DR. GEO. S. NORTON then read by title his own paper on "The Importance of the Ophthalmoscope in the Diagnosis of Tumors of the Brain," after which the section adjourned.

#### BUREAU OF GYNECOLOGY.

The Bureau of Gynecology convened in sectional meeting at 3 P. M., Dr. S. P. Hedges, of Chicago, presiding. The first paper was by Dr. E. T. Blake, of England, on "Dilatation of the Cervix Uteri as a Curative Measure," and was read by Dr. Porter.

DR. C. G. HIGBEE's paper was on "Topical *vs.* Internal Treatment of Uterine Disorders." The writer assumed that each had its place and is all sufficient in certain cases and there were cases where the two methods combined were necessary. He referred to a case of long standing uterine disease which was cured by the faith cure, and was in his opinion a proof of what he had many times suggested that many forms of uterine diseases are of nervous origin and can be cured by any treatment, local, internal or mental when properly administered.

DR. PHIL PORTER, of Detroit, presented a paper on "Pessaries," which he read by title in order to permit of time for discussion. He presented the following conclusions: (1) While differences of opinion exist in regard to the expediency of employing pessaries, personal experience will show their importance. (2) It is a recognized fact, proven scores of times, that the pains and distress long borne have been promptly relieved by a well-adjusted pessary. (3) The constitutional conditions of the patient should receive careful attention before resorting to immediate introduction of a pessary. All cases are not amenable to the pessary any more than they are to therapeutics. (4) Due regard must be paid to the natural mobility and normal position of the uterus in the placing of pessaries. (5) That retroflexion can be reduced and maintained in position by the skillful

adjustment of the traction lever pessary. (6) That all pessaries should be adjusted and placed with the patient in Sims' position. (7) That while the results may have been discouraging as to curability by pessaries, we must admit their aid as palliatives, and we believe future statistics will demonstrate two distinct and separate forms of treatment in diseases of women, and these two are—therapeutic first, mechanical second.

DR. L. A. PHILLIPS, of Boston, presented a paper on "The Surgical Treatment of Uterine Disorders."

DR. R. LUDLAM, of Chicago, read a most interesting and practical paper on "Hot Water as a Topical Application in Uterine Disorders." The peculiar merits of this treatment were that it was safe, available, effective, and does not interrupt or modify the action of the remedies. It can be applied by the syringe, irrigating douche, sitz-bath, single or in combination, local application to the lower abdomen and hot sponges internally. Its mode of operation was through the lower vascular system to the relief of pelvic congestion; through the effect of moist heat upon the inflamed peritoneum, and upon the abundant nervous supply of the vaginal roof, and especially about the uterine cervix. Its clinical indications were in certain kinds of acute puerperal inflammation, as peritonitis, ovaritis, vaginitis and phlebitis; in perimetritis, with or without effusion; in pelvic hæmatocele; in spasmodic and neuralgic dysmenorrhœa, where it acts as an anæsthetic; in pelvic abscess, post-partum hemorrhage, hemorrhage from malignant cancer, ovaritis and cervical leucorrhœa, with laceration, engorgement and glandular inflammation. The contra-indications are that (1) it may devitalize the tissues and precipitate effusion and suppuration; (2) may weaken the patient generally, and so favor excessive menstrual losses, leucorrhœa and the like; (3) the secondary effect may be, if used excessively, to increase and make chronic a pelvic congestion.

DR. C. B. KINYON, of Rock Island, Ill., read a paper on "Intra-uterine Medication and Intra-uterine Stems." He said: (1) Never use the stem if there is the least tenderness in or about the uterus; (2) Remove it if there is much pain, or even if the pain is slight but persisting; (3) Do not allow your patient to stand erect for at least five or six days, and then exercise with great caution; (4) Always have the stem at least one-half inch shorter than the depth of the uterine cavity; (5) See that there is a good flange, or better, a solid cup for the cervix to rest against; (6) Be guided by comfort of the patient as to length of time it shall remain in place, and whether it



shall be worn continuously either during the menstrual period or at any other time.

DR. O. S. RUNNELS, of Indianapolis, read a paper on "Local Action of Iodoform, Iodine, Iodized Phenol, Tannin, Calendula and Hydrastis." The first three depending greatly upon the iodine contained in them, have power over the absorbents, quickening their functions, and thus reducing hypertrophies and hyperplasias in mucous, connective, or glandular tissues. The iodoform is antiseptic and slightly anæsthetic. Iodized phenol is more anæsthetic than the iodoform and is beneficial in rapidly softening indurated and cartilaginous tissues. The astringent power of tannin controls hemorrhage, tones lax, flabby conditions incident to proclivencia, falling of vagina and recto- or vesicocele. *Pinus Canad.* has the same astringent power and is of greater value in the cure of the catarrhal discharges incident to such conditions. The germicidal power of calendula makes it a remedy for abrasions, erosions and the traumatism of surgical operations via vagina. It promotes healing and relieves the swelling and tenderness. Hydrastis has marked influence over all catarrhal affections of mucous membranes, epithelial erosions or abrasions with discharges of purulent or muco-purulent matter mixed with tough, stringy cervical mucus. The general symptoms for hydrastis are the cachetic state, weak muscular power, poor digestion and obstinate constipation.

DR. B. F. BETTS, of Philadelphia, read a paper on the "Application of Electricity to the Cure of Uterine Disorders."

The discussion was opened by Dr. Horace Packard, of Boston, by exhibiting a pessary consisting of a concavo-convex rubber disc, which is to be inserted in the vagina with the convex side outwards, and thus it gives support to the tissues above.

DR. WARREN said that he had seen serious results follow the use of this pessary. Respecting electricity, he said that it could be applied for either its chemical or its drug action. He also cautioned against using a metallic electrode directly to the tissues in the case of the galvanic current. He thought short sittings, frequently repeated, better than long sittings. He protested against the indiscriminate use of batteries by patients.

DR. T. G. COMSTOCK, of St. Louis, had used electricity for eighteen months, according to Apostoli's method, and could heartily endorse it.

DR. A. CLAYPOOL said that in the use of hot water there is too much left to the ordinary bulb syringe. He had of late been applying dry heat by hot water, by carrying a rubber bag into the vagina and dilating it, and then allowing the water to flow in.

DR. O. S. RUNNELS said that the use of injections in the sitting posture amounts to nothing. The position of the patient should be attended to. Large injections should be insisted upon.

DR. N. SCHNEIDER said that the pessary could never cure prolapsus with subinvolution from laceration of the cervix. Then an operation would be required. There are cases of retroflexion that can be cured only with the aid of pessaries.

DR. B. F. BETTS called attention to a contrivance for administering vaginal injections, that could be obtained at small cost. It consisted of a tin bed-pan with an outlet to which a rubber hose can be attached to carry off the water.

DR. PHIL PORTER made a few remarks on pessaries, and then the bureau adjourned.

#### BUREAU OF PÆDOLOGY.

The Sectional meeting of the Bureau of Pædology was called to order at 3 P. M., Dr. C. D. Crank, of Cincinnati, presiding. Papers were presented by Drs. W. E. Leonard, of Minneapolis; P. E. Arcularius, of New York; T. C. Duncan, of Chicago; W. H. Bigler, of Philadelphia, and Wm. Owens, of Cincinnati. Dr. Duncan's paper was entitled "The Suppression of Infantile Eczema." He said that eczema could be suppressed and evil results follow. He referred to the practice of an old physician who cured all his cases by the application of mercury chloride (1-1000). In one of these cases the eczema disappeared completely. Hepar was given to clear up the possible bad effects. All went well for awhile when a sudden change to spring weather developed interesting sequelæ. Diarrhœa with green watery stools set in. With its improvement, a bronchitis came on that threatened to carry the child off. As this came under control an abscess developed on the child's foot. Others appeared on the chest and on the right inguinal region. All these healed rapidly and kindly under the action of kali sulph. Three months afterwards the child was taken with dysentery, with eczematous eruption about the arms. Finally the dysentery was cured by kali bichromicum. As it improved the mother noticed a return of the eczematous eruption on the face. Kali sulph. now cleared the face of all traces of the eczema and the child made an absolute recovery. The author said that the more he studied the subject of central hyperæmia and peripheral irritation, the less inclined he was to attempt to suppress the local manifestations of disease.

The paper by Dr. Arcularius was on the External Treatment of the



**Skin Diseases of Infancy and Early Childhood.** The author said that in some cases it was necessary to use local applications notwithstanding the well-known efficacy of our remedies. He said that the various animal and vegetable parasitic diseases require local treatment, *e. g.*, scabies. Again, in eczema capitis the surface affected is covered with sebaceous matter and hair. This complicates matters because of the glutinous secretion and matting of the hair. This condition calls for external treatment. We must, however, pay attention to the doctrine of metastasis. Avoid severe revulsive measures, for the more attenuated the means which give the result, the greater will be the gain. External treatment must, however, be secondary to the internal.

In the discussion that followed, Dr. J. B. G. Custis, of Washington, D. C., said that in treating infantile eczema, he leaves out all external measures. Water is about the worst enemy the patient has, and its daily application often stands in the way of a cure, though of course its use is at times necessary to cleanliness. He makes it a rule in cases of chronic diseases and especially asthma, chronic cough, etc., to inquire for a history of suppressed infantile eczema, and not unfrequently discovers it. In speaking of remedies he said that two indications for *lycop.* are often manifested in the incipient stage of eczema—flatulence and red-sand in the urine—and the use of the drug, in the 30th trituration or the 1000th dilution, has yielded excellent results.

DR. H. E. BEEBE, of Sidney, Ohio, said it is sometimes difficult to determine whether these skin diseases are the result, or the cause of a parasitic development. He asked if any physician had ever met with an undoubted case of infectious disease—syphilis for instance—occurring as a consequent upon vaccination! For himself he had never been able to meet with such an instance. (No one present replied to the inquiry.)

DR. BOYER, of Pottsville, Pa., mentioned as the result of his personal observation, the fact that suppression of eczema affects chiefly the mucous membranes. In treating the eruption he found *lycop.* and *arsen. iod.* quite frequently indicated by the symptoms. Locally he employed white castile soap or Fels' soap. He had obtained most gratifying results from the internal administration of *Pix liquida*, 30, as recommended by Dr. M. Macfarlan, of Philadelphia. He thought he could enumerate nearly a score of instances in which this drug had prevailed against the disorder, after the failure of some one or other of our favorite remedies.

DR. VAN DENBURGH had seen cases evidently aggravated by the too

free use of water. He has also seen zinc oxide ointment used with marked benefit, and with no subsequent bad effects. His remedies are chiefly ars. alb., ars. iod., calc. phos., etc. But in these cases graphites always suggests itself to his mind and not infrequently does he meet with the well-known local indication for its employment. He cited a case of "ringworm" on the arm, with oozing after scratching, irritation and restlessness at night, loss of flesh, etc., in which graphites internally and its ointment locally, cured within a week.

DR. T. F. SMITH, of New York, considered water, as a rule, injurious to the cases. He never uses ointments; depends upon the similar remedy, and often finds graphites the successful medicament.

DR. DUDLEY, of Philadelphia, although not so much afraid of the bug-a-boo of "suppression," as some of his brethren, yet firmly believes that from the injudicious local use of astringent lotions, ointments, etc., subsequent morbid conditions may arise in distant parts—call it "suppression," "metastasis," or what you will. He described a case of facial eczema treated allopathically, followed by partial deafness and recurring attacks of strangury. Years later he was called to treat one of these attacks. The use of cantharis in a low dilution was followed by the reappearance of the facial eruption. The drug was continued, the doses being given at longer intervals, with the result that the eruption, the deafness and the strangury seem all to have been permanently cured. He suggested that in these eruptive disorders, eczema and psoriasis as well as others, in which there is "burning itching" of the affected parts, with a dry, "branny" surface, borax should be thought of, as recommended by the late Dr. McClatchey, in the last journal article he ever wrote. He (Dr. D.) had seen several cases cured with it, but he always gave it in the 2nd trituration, repeated several times a day, and had never seen the slightest effects from its employment until persevered with for two or three weeks.

DR. J. M. SCHLEY, of New York, said he did not believe in the "suppression" of eczema, neither did he believe that genuine psoriasis can be cured by borax. These cases require external medication. Chrysarobin cures them apparently; but what assurance have we that they will never return?

DR. T. L. BROWN, of Binghamton, N. Y., said "the cause of a disease is far deeper than its name." He urged that fresh air, fruit diet, and pure lard locally, will cure numerous cases without the use of drugs internally or externally. But calcarea, graph., mere., arsen., etc., may often be needed.

DR. H. C. ALLEN thought we did not always know what we are



dealing with in the skin diseases of childhood. He was not taught to use sulphur, internally or externally, in itch, simply because it is itch. Hahnemann does not so teach. Our remedies, correctly chosen, can so change the quality of the skin that the itch-mite will vacate the premises. If the system be normal, you may cover the individual with itch-mites, and they will effect no lodgement there.

DR. STURTEVANT had seen cases of eczema in the mother followed by the disease in her children. He used linseed oil, as Dr. Brown uses lard, and with equally good results. He urged care in selecting the diet, as an important aid in all cases.

DR. WM. OWENS, of Cincinnati, Ohio, advocated both external and internal treatment. Locally, he applies boiled milk, pure sweet cream, boiled lard, sweet oil—soothing applications only—in the acute conditions. More stimulating applications may be tolerated in more chronic states. Water he employs without hesitation; it never hurts his patients.

The discussion was closed with brief remarks by Dr. B. F. Dake and Dr. J. M. Schley.

### *Evening Session.*

#### BUREAU OF MATERIA MEDICA.

The report of the Bureau of Materia Medica was presented by the chairman, Dr. H. M. Hobart, of Chicago. The subject for discussion was "Remedies Causing Disturbed Sleep."

The following papers were presented: "Physiology of Sleep," by H. M. Hobart, M. D., of Chicago.

"Delirium, Coma, and other forms of Abnormal Somnolence," by George W. Winterburn, M. D., of New York.

"Causes and Results of Sleeplessness," by C. L. Cleveland, M. D., of Cleveland, Ohio.

"Groups of Remedies for Disturbed Sleep from Reflex Troubles," by A. C. Cowperthwaite, M. D., Iowa city, Iowa.

"Groups of Remedies for Sleeplessness from Diseases of the Brain," by T. F. Allen, M. D., of New York.

"Dreams," by S. Lilienthal, M. D., San Francisco, Cal.

In his paper, Dr. Winterburn mentioned the following remedies and indications: *Sulphur*, sleepiness by day, followed by restless and wakeful night, short snatches of sleep are burdened by dreams, followed by late sleep in the morning, and awaking tired and unrefreshed; rheumatic diathesis; suppressed skin-diseases; burning of the soles of the feet. Sleepy by day and sleepiness by night is also found under bell., phos., cinchona, ledum, kali carb., caust., and magn. carb.

*Belladonna* is suited to cases of more recent origin. It is of prime value in sleeplessness after opium addiction and alcoholism. Restless sleep at night, frequent starting, sudden awakening from sleep with frightful dreams; patient is sleepy but cannot sleep; but passes into a confused state when he knows not whether he is asleep or awake. Dull and stupid in the day time, with incoherence of speech, worse when in a quiet room, better when out in the open air.

*Hyoscyamus*, frequent awakening, twitching, groaning, after disappointments in business or love affairs; patient is addicted to lewd and immodest behavior.

*Stramonium* in the second stage of delirium tremens, when the patient indulges in ridiculous gestures.

*Strychnia* in insomnia caused by hepatic disorder; characteristic awakening at the same hour in the morning; restless night; tired in the morning; sleepy in the day.

*Pulsatilla* after excessive use of quinia, tea, strychnia or iron. Sleep before midnight prevented by fixed ideas; wide awake in the evening; first sleep restless; sound sleep when it is time to get up.

*Calcarea carb.*, difficult to get to sleep on account of involuntary thoughts, and when asleep soon awakens again; great inclination to sleep in the evening. *Calcarea* is not likely to become a routine remedy, but it is often overlooked when it is the similimum.

*Coffea* is useful as a palliative. It soon wears out its effects. It may be given in temporary forms occurring during convalescence from fever.

Other indications are:

*Aconite*, after hæmorrhage.

*Ignatia*, after grief.

*Capsicum*, after homesickness.

*Lycopodium*, after indigestion.

*Tabacum*, with dilated heart.

*Ferrum*, with chlorosis.

*Moschus*, with hysterical excitement.

*Lupulin* in chronic non-febrile diseases where sleeplessness is a concomitant.

DR. T. F. ALLEN, in his paper, said that the medical treatment must be combined with the purely hygienic. Of the remedies for insomnia, *coffea* no doubt stands at the head of the list. Next to that, alcohol is a valuable remedy. When sleeplessness is associated with mental activity, characterized by perverted and deranged ideas,



alcohol should be given in extremely small doses, while the coffea patient follows a train of thought clearly and persistently. The alcohol patient has a confused rush of ideas often of a grotesque nature.

*Cannabis Indica* is, however, characterized by most fanciful imaginings and hallucinations, generally of a pleasant nature. The patient, while lying awake, really enjoys the florid mental pictures which are conjured up by the morbid brain cells.

DR. T. F. ALLEN opened the discussion by asking if any one had any experience to give in the treatment of insomnia. Frequent cases of most intractable insomnia are met with from overworked brain. They come to us well dosed with anodynes, having tried everything else. Almost uniform failure follows medication. These cases can only be restored by prolonged hygiene.

DR. JNO. C. MORGAN referred to Schüssler as having grappled with the question and recommended magnesium phos. as a nerve nutriment. He had used it in a variety of nervous conditions, insomnia being among the number. In recent cases occurring among business men from overwork, he had found positive benefit from gelsemium. Magnesium phos. is better after exhaustion or lack of brain nutrition. In the case of drunkards, the honors have been divided between gelsemium and aconite. Dr. Morgan thought that dreams are sometimes of use in making the prescription. A patient subject to melancholia so violent in the middle of the night that he could not go to sleep. If he did, he would dream of water in some way. *Veratrum viride* was given and proved beneficial. Then came turbulent restlessness which is an indication for hyoseyanus. *Kali bromatum* is a much neglected remedy.

DR. GEO. S. NORTON said that hypermetropia might be a cause of insomnia. The hypermetropia throws a strain on the muscle of accommodation which is communicated to the brain and thus gives rise to disturbance there and even to insomnia.

DR. H. C. ALLEN referred to another cause. The majority of the cases of insanity are men who work hard with their brains and also use considerable tobacco, coffee, liquor and things of that kind. The consequence is they feel tired at night ; they cannot sleep. Some cannot sleep without their stimulants. He had never had a case of insomnia that was not associated with some of these troubles. He remembered one case in which a college professor after delivering his morning lecture was unable to walk home until he had smoked a cigar.

DR CHAS. MOHR said that there were four hundred remedies having sleeplessness and one hundred with coma. Some of them have been verified; many of them have not. The reason why more have not been verified is because physicians get into routine practice instead of studying the materia medica. He agreed with Dr. Allen respecting the importance of rest away from home. But we have patients who cannot get away. We do not drug them with chloral; we cannot give them alcohol even in limited quantity. In such cases study the materia medica and find the remedy which will cover the case. He then related the case of a woman who had been troubled with insomnia for years. She was worrying all the time about her family matters and the education of her children, and studying how to make both ends meet. Finally she would lie down in bed and begin to think either of herself or of her children. Again there would arise spectres of her friends who had died. She became morbid on the subject of seeing dead people. Various remedies were tried without effect. In studying comparisons with lachesis, the speaker came across that symptom under *crotalus cascavella*, which he gave in the seventh potency with curative result.

DR. A. M. CUSHING had found that cannabis Indica would almost always produce sleep in drunkards. He also referred to the case of a lady who was treated at an insane asylum without result. Finally she came under his treatment. He decided on *actea rac.*<sup>200</sup> which cured her.

DR. T. F. ALLEN said that the trouble is not where we find concomitant symptoms. They are easy enough to cure as we can then get at the remedy. Cases that trouble us are those of simple uncomplicated insomnia, where the only symptom discoverable is simple sleeplessness from functional inactivity.

The Institute then adjourned until the following morning.

#### *Fourth Day.—Morning Session.*

The special committee to which was referred the resolution of T. L. Brown, M. D., reported that, "This Institute condemns the action of any college which graduates an unsuccessful candidate from another school unless he attends, at least, one full course of lectures at the college where he applies for a degree." On motion the report was accepted and adopted.

DR. T. M. STRONG presented his report on foreign correspondence, showing increased activity among the members of the homœopathic school throughout foreign countries.



## INTERNATIONAL CONVENTION.

O. S. RUNNELS, M. D., presented the report of the delegates to the International Convention held during the past year at Basle, Switzerland. This convention will meet in this country in 1891. President Orme appointed Drs. I. T. Talbot, of Boston; J. P. Dake, of Nashville; J. W. Dowling, of New York; B. W. James, of Philadelphia; R. Ludlam, of Chicago; O. S. Runnels, of Indianapolis, and T. G. Comstock, of St. Louis, as a standing committee to make arrangements for this convention.

Letters were read from Drs. T. P. Wilson, I. T. Talbot, J. P. Dake, J. C. Sanders, L. B. Wells, S. Lilienthal, C. E. Fisher, A. I. Sawyer and F. P. Lewis, regretting their inability to be present at the meeting.

DR. BECKWITH offered the following:

*Resolved*, That no member shall serve on more than one bureau during any one year.

This was so amended so as to permit the secretary to communicate with any member whose name appears on two bureaus asking him on which he wishes to remain, and striking him off the one he does not want.

The Committee on Pharmacopœia then presented its report through Dr. A. C. Cowperthwaite, as follows:

Your committee appointed to consider and report on the advisability of having a pharmacopœia issued under the auspices and by the authority of this body would say that in view of the importance of uniformity in the processes and preparations of pharmacy, and especially in view of the various opinions expressed by pharmacists writing upon the subject, it is our opinion that there should be prepared and published a pharmacopœia by joint action of committees from the several countries as suggested by the chairman of this committee at the World's Convention, in London, in 1881, and by Mr. Wyborn, at the late convention at Basle. At the latter convention a special committee, consisting of Drs. Cowl and Giesecke and Mr. Wyborn, was appointed to consider and report upon the International Pharmacopœia. In presence of such action, your committee would recommend the appointment at this time of a special committee to co-operate with the American members of the International committee, consisting of Drs. Lewis Sherman, J. W. Clapp and F. E. Boericke. And in order to bring the work into more definite shape, we would recommend that the special committee be instructed to take the British

Pharmacopœia as a basis and to report the character of the changes considered necessary in order to adapt the work to the needs of the profession in all countries. Very respectfully submitted,

J. P. DAKE,

A. C. COWPERTHWAITTE,

CONRAD WESSELHÆFT.

DR. H. E. BEEBE, of Sidney, Ohio, read the address on "Sanitary Science."

The Bureau of Psychology was reported by Selden H. Talcott, M. D., in the absence of the chairman, Dr. H. B. Clarke, of New Bedford, Mass. The doctor read a paper on "Habits which Tend to the Production of Insanity."

Dr. J. D. Buck, of Cincinnati, read a paper on "The Physio-philosophy of Habit."

The Institute then proceeded with the annual election of officers, which resulted as follows:

President, A. C. Cowperthwaite, M. D., Iowa City, Iowa; Vice-president, N. Schneider, M. D., Cleveland, Ohio; Treasurer, E. M. Kellogg, M. D., New York city; General Secretary, Pemberton Dudley, M. D., Philadelphia, Pa.; Provisional Secretary, T. M. Strong, M. D., Ward's Island, New York; Board of Censors, Drs. R. B. Rush, R. F. Baker, T. F. Smith, H. B. Clarke, Mary A. B. Woods.

Niagara Falls was selected as the place for the next meeting, and adjournment was had until afternoon.

#### *Afternoon Session.*

##### BUREAU OF ANATOMY, ETC.

The Bureau of Anatomy, Pathology, etc., held a sectional meeting at 3 P. M., Dr. Jno. C. Morgan, of Philadelphia, presiding. The following papers were read:

"Malarial Blood Changes," by F. Parke Lewis, M. D.

"Neurasthenia as a cause of Malaria," Sophia Penfield, M. D.

"Pathological Processes in Malarial Diseases," by Wm. Owens, M. D.

"Differential Diagnosis between Malarial and other Fevers," by Wm. H. Dickinson, M. D.

"Malarial Symptoms of the Eye, Ear and Throat," by Alfred Waustall, M. D.

The discussion was opened by Dr. Clarence Bartlett, who related two cases of anomalous malarial disease, one of cholera morbus having a marked intermittent course and another of malarial hemiplegia. He



objected to one of the papers which attributed to malaria a neurasthenic cause. The writer had given the symptoms of neurasthenia and malaria and showing them to be similar, concludes that they are of similar origin. The speaker said that he could by comparing the symptoms of neurasthenia with those of numerous other diseases, show the same similarity to exist.

DR. GEO. S. NORTON said that of late years malaria has gotten to be the fashionable diagnosis for all diseases. Every disease presenting intermittent symptoms, even if cured by quinine, is not necessarily malarial in nature. Otitis media and iritis have regular periods of aggravation, and yet are in no sense malarial. In making a diagnosis the whole course of the disease should be taken into account. Every diseased condition following malaria is not necessarily of malarial nature. In one case coming under his care, cataract followed a malarial fever. The condition simply acted to deteriorate the general health so that the development of the cataract became possible. To call a case malarial, there should be a marked periodicity unusual in the typical course of the disease. Several years ago he had treated a case of superficial inflammation of the cornea with ulceration. This case was under observation for one or two years, without permanent benefit. Finally it was noticed that the boy was worse every other day. *Chininum arsenicosum* was then given, and in a week or two the boy was completely cured. Another case coming under Dr. Norton's observation was that of a boy who had strabismus on alternate days. *Chininum* at once cured him.

DR. WM. OWENS said that no one had thus far in the discussion given the reason for the so-called malarial paroxysm. All the papers read, he thought, were built on wrong hypothesis. He did not deny the existence of malarial fever, for that is patent to every one. But the cause of that condition does not reside in bacteria, for the so-called bacterium of malaria has not yet been discovered. Every bacterium that has yet been alluded to as the cause of malaria has been disproved by some one else, except the one last discovered, and that will be disproved sooner or later. Every form of disease of the human system is paroxysmal and rhythmical in nature, because it is in the nature of man. He has shown that this periodicity depends upon the atmospheric changes in the twenty-four hours where the rhythmical disturbance is above 20°. In places where it is less than 20° we have no cases of regular paroxysmal fever. It has been maintained that a moist atmosphere is productive of malaria. The speaker objected to this, because there are sections on the globe where we have no rain for

years, and yet there were very severe forms of malaria in those places. Ferguson tells us that when the British army camped on the plains of Estremadura, in Spain, in 1813, it was nearly decimated by a severe form of intermittent fever. No rain had fallen for months, and streams and rivulets were dry, and it was difficult for them to get water for their stock. Ceylon, which has an altitude of 6000 feet, and where rain never falls, is one of the most malarious districts on the face of the globe. At the Falls of the Orinoco, at an altitude of 3000 feet, on barren rocks, they have malarial fever. Again, in moist localities, as in the Sandwich Islands, the Bermudas and Bahamas, we have no intermittent fever.

DR. A. R. WRIGHT thought that Dr. Owen's paper was very interesting and ingenious in seeking the cause of malarial diseases. He dissented from that gentleman, however, and gave his reasons therefor. He did not believe that the mere changes in temperature produced malarial disease. They might alter the disease but they did not produce the shock. We have localities where there may be great changes of temperature in twelve hours and yet malaria is not produced.

DR. OWEN said that it was not the variations of one day he meant. The condition must be repeated.

DR. WRIGHT replied that he understood that. Continuing he said that these changes of temperature were likely to effect all the tissues of the body, whereas malaria affects principally the glandular system. Dr. Norton has referred to the aggravation at night in certain cases. Dr. Wright could see no relation to malaria in that, for night being the time for rest, all diseases are worse at that time. The system being weakened at that time, the same amount of irritation acts more severely at that time. Speaking of chill, Dr. Wright said that it was the effect of the shock on the nervous system. It may be only the nerves of a certain organ that are affected.

It seemed to the speaker that a simple chill might be caused in this way. It is reasonable to suppose that there is some effect produced similar to the accumulation of the disease in the system in a case of typhoid and similar diseases. In pneumonia, for instance, the system gives out in one chill? In malaria, so called, may it not be that the nerves are so irritated that at certain times they give way in this manifestation of chill? If it is due to a regular cycle, how are anteponing and postponing chills explained. It seemed to him that the anticipating case comes on while morbid matter is accumulating, and the system not being able to bear it as well, it gives out sooner. There must be three conditions necessary for malaria. These are heat, moisture and



decaying vegetable matter. In some of the places mentioned by Dr. Owen there is no rain but there are heavy dews and plenty of organic matter.

DR. WM. H. DICKINSON said that he was inclined to agree with Dr. Wright. When he went to the western States malaria was very common. But with the development of the country, with the drainage of the soil and the subsidence of swamps, the disease has become infrequent, and typhoid fever has taken its place. In the plains of Estremadura, spoken of by Dr. Owen as being a sandy soil, it was found, on digging deep into the soil, that it was loaded with vegetable albuminoid matters and flowing water. The more he investigated the matter the more the speaker was inclined to the view that intermittent fever results from something pervading the air, or emanations from decaying vegetable matter.

DR. WRIGHT said that Dr. Owen has referred to places where there are heat, moisture and decaying vegetable matter, and yet no malaria. It has been found that where the water-fall is above a certain height there is no malaria produced. At Singapore it rains every day and vegetable matter is washed away. As for the Falls of the Orinoco, he had seen rocks with vegetable matter clinging to them.

DR. SOPHIA PENFIELD said that in her paper she meant to convey the idea that in malarial diseases there is a certain susceptibility which makes the patient prone to other affections as the system is depressed.

The Bureau then adjourned.

#### BUREAU OF SANITARY SCIENCE.

The Bureau of Sanitary Science met in the main assembly room at 3 o'clock, Dr. H. E. Beebe, presiding. The following papers were read and discussed :

"Ocean and Seashore Climate," Bushrod W. James, M. D., Philadelphia, Pa.; "The Study of High Altitudes in Relation to Disease," A. S. Everett, M. D., Denver, Colorado; "Observations on Florida Climate," H. R. Stout, M. D., Jacksonville, Florida; "Influence of Climate in Bronchial Affections," Charles E. Jones, M. D., Albany, New York; "Influence of Climate in Pulmonary Affections," Joseph Jones, M. D., San Antonio, Texas; "Influence of Climate in Disturbances of the Nervous System," William Owens, M. D., Cincinnati, Ohio; "Influence of Climate in Diseases of Alimentary Canal and its Appendages," G. H. Wilson, M. D., Meriden, Connecticut; "Influence of Climate in Disturbances of Circulation, Secretion and Excretion," George M. Ockford, M. D., Lexington, Kentucky.

In opening the discussion, Dr. Stout, replying to questions, said the population of Jacksonville, Florida, is about 25,000. The city drains into the St. John's River, in which the tide rises and falls about two feet. The sewers empty their contents at some distance from the shore.

DR. D. H. BECKWITH, of Cleveland, Ohio, commended warmly the paper of Dr. Stout, as exhibiting very careful observation and research. The houses of Florida are usually so constructed as to favor the free access of air, and to this fact should be attributed a part of the favorable results of a residence in that State. As regards the influence of malaria, he could not agree with the essayist. On the shores of Lake Erie there occur great numbers of cases of catarrhal disease, and in advising his patients how to avoid or escape this evident climatic influence, he was formerly in the habit of sending them to Minnesota. Then he changed to Denver, Col., and now he recommends Florida. But he has observed that many of the Florida houses are not well drained, and his patients often develop malarial symptoms after their return home. A portion of the mortality of Florida, he thought, ought to be ascribed to improper diet or inadequate clothing. For asthmatic cases he (Dr. B.) had been in the habit of recommending high altitudes, and he could scarcely understand why or how such cases could be benefitted in such a district as Florida, as shown by Dr. Stout's observations. He closed by citing a case of asthma to whom he administered teaspoonful doses hourly, of a solution of 10 drops of acon. rad. in 4 ounces of gum-arabic water. The patient passed a terrific night, but never had a recurrence of the disorder.

DR. STOUT said the whole of Orange County, Fla., is regarded as salubrious. For some cases of respiratory diseases the Gulf coast of the peninsula has its advantages, while for others the sea-coast is to be preferred. He thought there were few places in Florida, except in or near low, marshy grounds, in which malaria is at all generally prevalent.

DR. T. L. BROWN, of Binghamton, N. Y., thought that many cases improve in a new climate, simply because they get away from their drugging. He has cured patients of bronchitis by opening the windows, and supplying them with abundance of clothing and good food.

DR. CHARLES FISHER, of Montreal, Ont., urged that if our sewage were utilized, instead of being allowed to pollute our streams and lakes, we should have less disease to contend with. He advocated the Liernur system of sewage removal as being cheap, efficient, and as



rendering the work of utilization practicable and profitable in nearly all cases.

DR. T. Y. KINNE, of Patterson, N. J., had been south five times for what his friends diagnosed as asthma. He had found that wherever he went the patients were worse in proportion to the moisture of the atmosphere. Cases affected by sudden changes of temperature are bound to suffer under those changes, no matter where they may be. For such cases, West Florida, and the pine woods of Georgia, furnish a better locality than East Florida.

DR. B. W. JAMES, of Philadelphia, speaking of the influence of altitude, thinks that barometric pressure of itself has but little effect in producing a favorable result in the climatic treatment of asthmatic cases, save only in exceptional instances.

DR. FISHER claimed that sailors enjoy a remarkable immunity from asthma, but another speaker mentioned that he had seen several cases of the disorder among sea-faring men.

DR. GEORGE E. GORHAM, of Albany, N. Y., stated that there is no asthma in Cheyenne, and that cases upon reaching that locality are at once relieved. Frequently when the Denver climate has failed, that of Cheyenne has promptly succeeded. The doctor thinks—as opposed to a statement by one of the essayists—that climatic treatment is decidedly beneficial in nervous diseases, if in no other way, certainly by reason of its influence in stimulating digestion and promoting sleep.

DR. NICKELSON, of Adams, N. Y., commended the high altitudes of the Adirondacks, as furnishing a curative climate in bronchial or lung diseases, especially if the subject can be induced to “camp out,” and thus secure the influence of an open atmosphere.

The section then adjourned.

#### *Fifth Day—Morning Session.*

The Institute met in general session at 9.30 A. M. It was ordered that the special committee on programme be continued and consist of Drs. T. Y. Kinne, I. T. Talbot, J. C. Burgher, A. R. Wright and P. Dudley. Carried.

DR. KINNE also offered the following: *Resolved*, That for the ensuing year the Bureau addresses shall include an abstract of the report of the bureau and this address shall not consume more than ten minutes in its delivery. Carried.

The committee on issuing the Transactions in quarterly form presented majority and minority reports. The majority report, which

was the one adopted by the Institute, declared the change in the method of publication to be *inexpedient*.

Resolutions were then offered limiting the number of papers to be read at a bureau meeting, and the time of reading. After considerable discussion a substitute was offered by Dr. O. S. Runnels to the effect that not more than one-half the time allotted to a bureau shall be consumed in the presentation of papers, and that the papers of members present shall be read before those prepared by absentees. This was adopted.

DR. DUDLEY presented the report of the Inter-Collegiate Committee which was referred for publication.

The report of the Committee on Legislation was read by Dr. J. G. B. Custis, of Washington, in the absence of the chairman Dr. A. I. Sawyer.

The Committee on Resolutions in reference to Dr. Burgher, reported the following :

WHEREAS, JNO. C. Burgher, M. D., has rendered faithful and efficient service as Secretary of the Institute for seven years,

*Resolved*, That on his retirement from office the Institute desires to place on record its high appreciation of the laborious work, he has accomplished, its recognition of the uniform courtesy extended to its members, and his promptness in the performance of the various duties of his office.

*Resolved*, That these resolutions be engrossed and sent to Dr. Burgher.

Committee	{	H. M. SMITH, Chairman.
		PHIL PORTER,
		R. LUDLAM,
		D. S. SMITH,
		H. D. PAINE.

On motion of Dr. J. H. McClelland, Mrs. I. T. Talbot, of Boston, was elected an Honorary Associate member of the Institute in recognition of the services rendered by her to the cause of Homœopathy in Massachusetts.

The necrologist, Dr. H. D. Paine, reported the following deaths during the year :—

C. T. Liebold, R. Sargent, J. P. Dake, Jr., Henry Detwiller, A. E. Small, H. B. Eaton, R. R. Gregg, David Cowley and Charles Bosser.

DR. PHIL. PORTER presented to Dr. Orme, president of the Institute, a vial from Hahnemann's own case. The bottle had contained borax 30, which Dr. Porter had given to one of his patients with good result. The bottle was less than half an inch in length, and was one-sixth of an inch in diameter. The cork was of the finest quality and capped with ivory.



DR. KINNE offered the following :

*Resolved*, That, if in the judgment of the Executive Committee, the accommodation at the place designated for the next meeting be found inadequate for the Institute, they may have power to change the place of meeting to some other point in the West. Carried.

DR. KINNE also offered the following :

*Resolved*, That the hearty thanks of this Institute are due our esteemed president for his uniform courtesy, justice and decision in presiding over our deliberations, and we assure him that through life we shall carry memories of our pleasant meeting, and follow him with our prayers for his continued health and life. Carried by a rising vote.

After a memorial service in memory of deceased members, the Institute adjourned.

During the various sessions the censors reported favorably on the following applicants for membership, who were accordingly elected :

Mary S. Munsen, Los Angeles, Cal.; Eugene H. Porter, New York; Lyman A. Clark, Cambridge, Mass.; J. A. Bullard, Wilkesbarre, Pa.; Charles Deady, New York; Louis Faust, Schenectady; F. B. Dake, Nashville, Tenn.; D. H. Rigge, Washington, D. C.; Wm. F. Hobart, Chicago; R. T. White, Chicago, Ill.; C. A. Wilson, Allegheny, Pa.; Solis Runnels, Indianapolis; A. M. Linn, Des Moines, Ia.; Willis G. Pope, Keysville, N. Y.; Emily F. Swett, Medina, N. Y.; R. Ludlam, Jr., Chicago, Ill.; John W. Dowling, Jr., New York; George B. Dowling, New York; Addie B. Crowley, Geneva, N. Y.; William S. Pearsall, N. Y.; Edward E. Snyder, Binghamton, N. Y.; David E. Spoor, Schenectady, N. Y.; Joseph O. Reed, Middletown, N. Y.; Arthur G. Thorne, Chicago, Ill.; Melvin D. Smith, Middlebury, Vt.; Alfred W. Bailey, Atlantic City, N. J.; William B. Putnam, Hoosick Falls, N. Y.; Charlotte M. Fay, Springfield, Mass.; Jacob C. La Dow, Mechanicsville, N. Y.; S. H. Blodgett, Cambridge, Mass.; John Preston Sutherland, Boston; Albert Claypool, Toledo, Ohio; Samuel Allen, Southbridge, Mass.; T. W. Swaim, Pottsville, Pa.; Joseph P. Hirschberger, Lancaster, Ohio; E. Olin Kinne, Syracuse, N. Y.; Burt J. Maycock, Buffalo, N. Y.; Geo. Smith Adams, Weston, Mass.; Horace F. Ivins, Philadelphia, Pa.; M. W. Vandenburg, Port Edward, N. Y.; Jas. Henry Thompson, Pittsburg, Pa.; W. C. Goodno, Philadelphia, Pa.; Landreth W. Thompson, Philadelphia, Pa.; H. K. Macomber, Pasadena, Cal.; Arthur B. Kinne, Syracuse, N. Y.; Walter H. Tobey, Boston; E. R. Freeman, Wapakoneta, O.; Malcom Dills, Carlisle, Ky.; L. W. Reading, Hathoro, Pa.; Wm. Tod Helmuth, Jr., New York city; Stephen H. Knight, New York city; L. B. Richards, Stafford Springs, Ct.; S. W. Hopkins, Linn, Mass.; Robt. Willson Southgate, Rockland, Mass.; Synthia M. Nordstrom, Malden, Mass.; E. Jeannette Gooding, Boston; Austin J. Harvey, Newport, Maine; Frederick B. Percy, Brookline, Mass.; Sayre Hasbrouck, and Waldo H. Stone, Providence, R. I.; Jas. B. Robinson, Boston; Homer V. Halbert, Chicago; Ashel L. Birdsall, Brooklyn, N. Y.; Mary H. Baynum, Boston; Henry P. Holmes, Lansinburg, N. Y.; L. P. Sturtevant, Conneaut, O.; Thos. Docking, Oakland, Cal.; Peter A. Bier, Pittsburg, Pa.; Curtis O. Swinney, Smyrna, Del.; J. H. Rile, Wilmington, Del.; Claude R. Norton, Philadelphia, Pa.; Henry E. Jewell, Nevada, Miss.; Edward H. Jewitt, Cleveland, O.; Jos. W. Jewitt, New Haven, Conn.; Wm. Greene Hanson, Everett, Mass.; Sarah J. Millsop, South Manchester, Mass.; Mary E. Stewart, Saratoga, N. Y.; Edgar B. Britton, Baltimore, Md.; Geo. E. Percy, Salem, Mass.; Hermance G. Bayliss, Knoxville, Tenn.; Herbert F. Heilner, Macon, Ga.

The following is a list of the Bureaus and Committees announced:

**BUREAU OF SANITARY SCIENCE.**—H. R. Stout, Jacksonville, Fla., *Chairman*; J. W. Dowling, New York; Jos. Jones, San Antonio, Texas; A. S. Everett, Denver, Col.; T. Y. Kinne, Paterson, N. J.; H. K. Macomber, Pasadena, Cal.; G. H. Wilson, Meriden, Conn.; H. E. Beebe, Sydney, O.; E. U. Jones, Taunton, Mass.; H. B. Van Norman, Cleveland, O.; H. M. Pomeroy, Cleveland, O.

**BUREAU OF SURGERY.**—Jno. E. James, Phila., Pa., *Chairman*; Wm. Todd, Helmuth, New York; J. H. McClelland, Pittsburg, Pa.; Chas. M. Thomas, Phila., Pa.; L. H. Willard, Allegheny, Pa.; I. T. Talbot, Boston, Mass.; N. Schneider, Cleveland, Ohio; G. A. Hall, Chicago, Ill.; S. B. Parsons, St. Louis, Mo.; S. F. Wilcox, New York. Subject.—The Surgery of the Intestinal Tract.

**BUREAU OF CLINICAL MEDICINE.**—G. E. Gorham, Albany, N. Y., *Chairman*; Clarence Willard Butler, Montclair, N. J.; Prosper Bender, Boston, Mass.; A. K. Crawford, Chicago, Ill.; A. D. Fisher; E. M. Hall, Chicago, Ill.; D. A. McLachlan, Ann Arbor, Mich.; W. C. Goodno, Phila., Pa.; C. H. Goodman, St. Louis, Mo.; C. H. Lawton, Wilmington, Del.

**BUREAU OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.**—J. E. Jones, West Chester, Pa., *Chairman*; H. C. Houghton, New York; H. H. Crippen, Detroit, Mich.; B. W. James, Phila., Pa.; H. K. Bennett, Fitchburg, Mass.; F. Parke Lewis, Buffalo, N. Y.; Geo. S. Norton, New York; Chas. Deady, New York; W. H. Winslow, Pittsburg, Pa.; J. W. Harris, St. Louis, Mo. Subject.—Subacute Inflammations of the Eye, Ear and Throat.

**BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.**—T. F. Smith, New York, *Chairman*; I. T. Talbot, Boston, Mass.; R. B. House, Tecumseh, Mich.; C. E. Fisher, Austin, Texas; W. E. Leonard, Minneapolis, Minn.; C. S. Hoag, Bridgeport, Conn.; C. B. Fager, Harrisburg, Pa.; H. M. Fisher.

**BUREAU OF PSYCHOLOGY.**—J. D. Buck, *Chairman*; S. H. Talcott, Middletown, N. Y.; F. W. Boyer, Pottsville, Pa.; N. Emmons Paine, Westboro, Mass.; Helen M. Bingham, Milwaukee, Wis.; C. S. Kinne, Syracuse, N. Y.; A. P. Williamson, Middletown, N. Y.; W. H. Holcombe, New Orleans, La.; J. G. Baldwin, New York; Wm. M. Butler, Brooklyn, N. Y. Subject.—Nutrition in Nervous and Mental Diseases.

**BUREAU OF OBSTETRICS.**—Geo. B. Peck, Providence, R. I., *chairman*; Julia H. Smith and Sheldon Leavitt, Chicago, Ill.; C. G. Higbee, St. Paul, Minn.; W. G. Richardson, St. Louis, Mo.; T. F. Spreng, Buchanan, Mich.; L. P. Sturtevant, Conneaut, O.; J. G. B. Custis, Washington, D. C.; Emily Pardee, New York; E. P. Scales, Newton, Mass. Subject: Accidental Complications of Gestation.

**BUREAU OF MATERIA MEDICA.**—A. R. Wright, Buffalo, N. Y., *Chairman*; H. C. Allen, Ann Arbor, Mich.; Sarah N. Smith, New York; H. M. Hobart, Chicago, Ill.; Jos. C. Guernsey, Philadelphia, Pa.; S. Lilienthal, San Francisco, Cal.; C. T. Canfield, Chicago, Ill.; W. S. Gee, Hyde Park, Ill.; J. J. Mitchell, Newburgh, New York; Geo. W. Winterburn, New York. Subject—Zincum met. and its salts.

**BUREAU OF PATHOLOGY.**—Wm. Von Gottschalk, Providence, R. I., *Chairman*; Geo. G. Percy, Salem, Mass.; J. P. Sutherland, Boston, Mass.; Wm. H. Dickinson, Des Moines, Ia.; R. E. Olin, Detroit, Mich.; M. B. Lukens, Cleveland, Ohio.

**COMMITTEE ON MEDICAL LITERATURE.**—J. C. Burgher, Pittsburg, Pa., *Chairman*; T. S. Verdi, Washington, D. C.; H. M. Smith, New York; S. Lilienthal, San Francisco, Cal.; C. H. Hofman, Pittsburg, Pa.

**COMMITTEE ON RAILROAD FARES.**—H. C. Allen, Ann Arbor, Mich., *Chairman*.

**LOCAL COMMITTEE OF ARRANGEMENTS.**—A. R. Wright, M. D., *Chairman*.

**COMMITTEE ON MEDICAL EDUCATION.**—T. G. Comstock, St. Louis, Mo., *Chairman*; T. Y. Kinne, Paterson, N. J.; R. W. McClelland, Pittsburg, Pa.; C. B. Kinyon, Rock Island, Ill.; D. H. Beckwith, Cleveland, Ohio; L. H. Willard, Allegheny, Pa.; O. S. Runnels, Indianapolis, Ind.



## SUGGESTIONS ON HOMŒOPATHIC JOURNALISM.

BY BUSHROD W. JAMES, M. D., PHILADELPHIA, PA.

[Report to the Editorial Association of Homœopathic Medical Journals.]

GENTLEMEN :—Last year this Society honored me by a request to present at this meeting some suggestions as to the successful methods of conducting medical journals, and especially those of the Homœopathic School. In response to your desire, I have prepared the following thoughts:—

1. *Supply and Demand*.—The success of a medical journal, as of any other business enterprise, is greatly influenced by a generally recognized business principle—namely, that of the equilibrium of the supply and demand. Increasing prosperity requires that the demand be considerably in excess of the supply all the time. In applying this principle to homœopathic journalism, we find a seeming disproportion between these two important factors of success, there being at present an excess of the supply. This is well illustrated by the fact that no journal is self-supporting on its subscription list alone. Our school, numbering about 10,000 members, is supplied with twenty-five journals, making an average of 400 physicians to each one. It is true that some homœopathic physicians subscribe for all, or at least a majority, of the journals published; but, on the other hand, many physicians do not subscribe for even one of the homœopathic journals, which fact leaves the average about as we first stated it.

2. *Multiplication of Journals*.—We have watched with interest the tendency toward an injudicious multiplication of journals covering the same ground as those already existing, which only serves to weaken the income of the whole list. Among the homœopathic journals published we believe there is but one—the *Homœopathic Journal of Obstetrics, Gynecology and Pædology*—that devotes itself to a specialty, while one other—the *Clinique*—largely devotes itself to clinical lectures, reports and clinical medicine and surgery.

3. *A Few Strong Journals*.—We have often thought that a decided advantage to all concerned might be gained could several of our journals that treat upon general medicine, merge themselves or throw their united talents, patronage, etc., into one or another of the existing publications, so that instead of having twenty-five struggling journals we should have, say, about half a dozen first-class ones, established upon solid business principles that would be permanent in character, able to remunerate the services of their editors, business managers and contributors, and perhaps declare a dividend, probably somewhat diminutive, in favor of their owners. Such journals could command the best talent in their various departments, would be a credit to our

school, and a decided improvement upon the present system, or rather non-system. Moreover, such journals could afford to place their subscriptions at prices within the reach of all, and the individual subscriber would then receive the best journals for the same outlay that the very ordinary ones now cost him.

4. *Present Status of Journals.*—There is a demand, particularly in certain sections, for journals whose subscription fees do not exceed \$2. This demand is supplied by a number of the smaller journals published at these even lower prices. Of course it is natural to infer that their publishers cannot afford to furnish such a quality of material and make-up as is the case with those double or more than double their price. However, there is a field for both these classes of journals. The higher-priced ones, as a rule, have their principal readers and subscribers among the deeper students of the school, and those who write original articles and who love to read original papers. The younger practitioners usually encourage the cheaper publications, on account of economy in outlay. All our journals have a common difficulty—to wit, a limited income. Some of them about pay expenses, others are losing enterprises, but how few, if any, are financially profitable to their owners? Were there fewer journals and the subscription list of each correspondingly enlarged, the lower-priced journals could afford to supply better material, and the highest-priced the more costly material for lower figures.

5. *College Journals.*—Among the smaller journals we find a branch of journalism that seems to be growing in popularity. When a college feels its need of a representative organ it undertakes to establish a new journal, thereby incurring a financial burden and adding to the number of such publications. We believe that each college might find an independent journal willing to publish its news, items of interest, etc., and that this arrangement would prove a mutual advantage to college and journal; and the college organs and the student magazines could then be done away with, for the general advantage of our school of medicine at large.

6. *Advertising Department.*—Under the present order of things, our journals are obliged to depend upon their advertising department as a source of income, not one of the homœopathic journals being able to support itself from its subscription list alone.

This subject has excited considerable interest of late, which is a hopeful sign, as it shows that the advertising pages are read, just what publishers and advertisers desire. We hold that the advertising department, which is a legitimate part of the journal, should be made a



source of convenience and profit to both subscriber and advertiser. The ideal method in this direction would be that only reliable articles—such as the journal itself as well as the advertiser can recommend—should appear in its advertising pages.

This would be a guarantee to subscribers that they might patronize the firms represented in the journal with safety and satisfaction, and this would also be an inducement to first-class business houses to advertise in those journals alone whose readers are most apt to read their advertisements, and order goods and trade with them. For advertising is merely an investment upon the part of the advertiser, he expecting to gain an increase of business and popularity thereby, and consequently is willing to pay most for space in that journal whose standing, appearance, circulation, etc., is the best.

It is no advantage to a journal to offer its advertising spaces at too low a rate, as the advertiser will accept that as an acknowledgment of the comparative worthlessness of the journal as an advertising medium. On the other hand, we should not charge more than the space is worth, or represent our journals as having a greater circulation than they actually possess; for, since we are, in some measure, dependent upon advertisers for the support of our journals, it is but justice, as well as good policy, that we make these investments as profitable as possible to them.

Success, we think, depends mainly on a persistent, judicious and honorable effort to forward the business interests of a journal in the directions above indicated, with an honest policy and an independence of spirit, together with the most persevering industry.

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## Correspondence.

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### THE NEED OF AN INTERNATIONAL PHARMACOPŒIA.

114 EBURY STREET, LONDON, ENGLAND, June 9, 1887.

EDITOR *HAHNEMANNIAN*:—I certainly understood from the letters of Mr. Tafel and Mr. Wyborn, in the January number of the "*HAHNEMANNIAN MONTHLY*," that the latter advocated the making of tinctures from dried plants in preference to green, fresh plants; and I came to the same conclusion after reading again the letters referred to, and I am further confirmed in my belief that such is his meaning, from the fact that many, if not *most* of the English homœopathic chemists—certainly all the allopathic chemists—make their tinctures from the dried plant. Further I infer from Mr. Tafel's remarks in your

April issue (page 230), respecting tincture from dried pulsatilla herb and aconite juice, that this was the contention; even if it is a matter of trituration, the plant must either be dried before trituration, or in the process of trituration. The *British Homœopathic Pharmacopœia* is not quite the same as Mr. Wyborn, and it does not advocate drying plants (excepting a sample to determine the quantity of moisture), but gives directions for making fresh plant tinctures; the plan of drying a portion to determine the quantity of moisture is good only in so far that it tells one whether it contains more than its usual amount of juice; it seems to me that the matter is not advanced very much, because, if by drying some plants their medicinal virtues are impaired, it would be far better to use the juice, even if it is weakened by a wet season. We cannot remedy the matter unless we want only the parts that are soluble in alcohol, and not volatile. My contention is that in every case it is better to make tinctures from fresh plants only. I may not have made myself sufficiently plain to Mr. Tafel respecting the mode I recommended, I thought that every one who understood tincture making, and the impossibility of keeping the juice free from fermentation, would have taken it for granted that a portion of the proper quantity of spirit would be put with the juice to preserve it. I make large quantities of tinctures for chemists abroad, and at their request, in some cases, *for every pound of fresh plant I use one pound of alcohol*. My plan is, after freeing the plant carefully from all extraneous matter, weeds, etc., to cut it into a pulp, express the whole of the juice as rapidly as possible, add to the juice sufficient alcohol to prevent fermentation, and keep it in a cool place, then take out the dry residue left in press, and macerate it in the remainder of the alcohol for a given time; it is then again pressed and the expressed liquid mixed with the previously expressed juice and allowed to stand a day or two, shaking it occasionally, when it is filtered. I have not yet seen any tinctures made in the same proportions that surpass them in strength, and they have the merit of containing all that is necessary, or capable of being contained in a solution or preparation of the plant. I send you a few specimens made last year, to examine.

Respecting the behaviour of aconite tincture in the case mentioned by Mr. Tafel, I should like to say a few words, as *I still* maintain that the juice of the plant contains all its active properties, *and I make no exception*, in the case of aconite juice. 1st. What guarantee had the physician referred to that his tincture was made from *aconitum napellus*? I need not tell Mr. Tafel that many of the aconites contain no aconitia; one species cultivated in this country, *aconitum*



*paniculatum*, which could only be distinguished by a botanist from *aconitum napellus*, produces no tingling and does not contain aconitia. Some are bitter to the taste (*aconitum anthora*) and also produce no tingling sensation, but they all *may* produce fever, aconitia being not the only thing that produces fever. 2nd. My experience with *aconitum napellus* is, that if I take the *smallest quantity of the juice* of the fresh root on my tongue, I *always* get the characteristic tingling in about ten or fifteen minutes. I do not think the wet season was the cause of its want of strength, as *aconitum napellus* grows best by the banks of streams, and sometimes in the bed of shallow rivers.. The strongest roots I ever tasted came from such a place. When we remember that there are over a hundred varieties of aconite, and that the officinal part is the root, that most of the roots are similar in appearance, that they are collected by *ignorant* peasants who probably gather any variety of aconite they meet with, it is not enough for homœopathists to take it for granted that the roots are those of *aconitum napellus*. There is too much taken for granted in these matters. We must, before we can state a thing to be a fact concerning it, see and *verify* the plant. Until within the last month or two *aconitia itself* has been usually an amorphous powder, *varying very considerably in strength* and price. German aconitia being far weaker than English aconitia, and not more than a tenth of the price; but now a celebrated firm of English chemists, Hopkin & Williams, have made it in a crystalline form, which will ensure a uniform strength. Further, I totally disagree with the assertion that the juice of fresh root of *aconitum napellus* contains "no aconitia, or only a trace," because it is said aconitia is not soluble in water. In the last paragraph of my previous letter, in your March issue, I said that I believed the juices of plants were probably charged with certain powers of amalgamating and dissolving the different ingredients which distilled water will not do, and I pointed out that if the expressed juices of plants be evaporated to dryness, the addition of plain water in place of the quantity lost, will not always redissolve the residue; showing that no alteration had taken place, since they were previously in perfect solution in the juice of the plant. In the case of aconite I have no doubt that *one of*, if not the *chief solvent* of the aconitia, is the *acid* present in its juice, aconitia being freely soluble in acids as well as in spirit of wines. Again, *coumarin*, the alkaloid of vernal grass, (*anthoxanthum odoratum*), is another instance, not only of the folly of drying, because *coumarin*, like anemonia, being so volatile it is nearly all lost in the process, but on account of the insolubility of its active principle in

plain water ; it is perfectly soluble in alcohol and acids. The juice of vernal grass is *distinctly acid*. I think it will be found that in all similar cases, *i. e.*, where the alkaloid is said to be soluble in alcohol and not in water, that it is also soluble in an acid, and that there is in the watery juice of that plant an acid which holds the alkaloid in solution and is a proof in support of my contention that the juice of any plant contains the whole *active* constituents of the plant.

I am, dear sir, yours truly,

ALFRED HEATH, F. L. S.

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#### PATHOGENETIC INDICES.

SAN FRANCISCO, CAL., June 26, '87.

EDITOR HAHNEMANNIAN:—In the excellent pathogenetic symptoms recorded by Dr. Brady, in the June number of your journal, I find one or two remedies given which I beg the doctor to give more clearly.

Page 344 he mentions under "Tarantula:" "has been successfully used to produce euthanasia in tuberculosis." Now, in my practice I only succeeded in such cases with *tarantula Cubensis*, but not with the *tarantula Hispania*. But even the *tarantula Cubensis* must, in such cases, often yield the palm to *antimonium tartarisatum*.

Whether chorea is only a functional or an organic affection, is considered doubtful by many ; but my son, Dr. James E. Lilienthal, cured lately, with *plumbum 200*, an obstinate case of chorea, where the wrist-drop was the keynote to the case.

In "Lilium" is the symptom, "heart feels as if squeezed in a vice" the right expression? My sensation when proving this drug was: "heart feels too full and would feel relieved if relieved by discharge of blood," which corresponds to the "full distended feeling of all parts of the body, conscious pulsation over the whole body, and out-pressing in the hands and arms, as if blood would burst through the vessels." This *out-pressing* is far more characteristic than a squeezing sensation.

Will not the Doctor be kind enough to give us more clearly the symptoms of *absinthium*, in order to make the drug more useful?

Our thanks are due to Dr. Brady for his clear-cut pathogenetic symptoms, and let us hope that he may find many followers. The pages of the HAHNEMANNIAN, I am sure, will be always open to such instructive articles.

Faternally,

LILIENTHAL.



## Editorial.

### THE INSTITUTE SESSION.

In forming an estimate of the success of the recent session of the American Institute of Homœopathy, there is one fact to be considered, namely, that the attendance was influenced in both directions by the circumstance that this was the second successive meeting in Saratoga. It doubtless induced some to attend and some to stay away, and it is exceedingly difficult to determine whether the plan was wise or otherwise. Yet we did not hear a single expression regretting the choice that brought the Institute a second time to the famous American spa.

It goes without saying that the Institute session was presided over in a manner most efficient and acceptable. Dr. Orme's address proved to be, as might have been expected, the dignified and scholarly expression and outcome of his long years of close and patient observation of the progress of medicine, and of his intelligent devotion to the interests of homœopathy. Accurate yet conservative in statement, and replete with thoughtful suggestions, it may well serve as a theme for the study of physicians, whether in or out of the Institute.

Everybody was interested, and some were anxious, to know what might be the working and the results of the "sectional plan" of meetings. Fortunately for the pleasure of the occasion, the members, and especially the chairmen and members of the bureaus, seemed determined not to be disconcerted at any personal inconvenience which the "sectional" experiment might impose. Criticisms there were, of course, and just ones too, but they were all offered in the most kindly and

forbearing spirit, a circumstance which added much to the comfort and pleasure of the committee having the details in charge, to say the least.

It can be said truly, that the quality of the discussion, taken all in all, was better—indeed, considerably better—than usual. Probably this was due to the fact that under the "sectional plan" surgical topics were discussed by surgeons, obstetric themes by obstetricians, ophthalmic subjects by ophthalmologists, etc. Under the new plan each bureau had more time, but the time was not always employed in the way usually deemed best, *i. e.*, there was not enough time spent in discussion, and too much given to the reading of papers. By the way, the papers themselves, so far as we heard them, will compare favorably with those of previous years. They exhibited, more than is generally usual, evidence of the thought and experience of their authors, though there were exceptions, as might have been expected. About eighty new members were received.

Among the criticisms and suggestions we heard respecting the sectional meetings were chiefly these, as we recall them: "They are bringing out more valuable discussions." "They will improve gradually the character of our essays." "They allow time for individual members to slip away for a few hours of sight-seeing or recreation." "There should never be more than two bureaus in session at once." "The gynecologists and paedologists ought not to hold sectional meetings at the same time." "Why not omit or else abbreviate the sectional addresses, and give the time to sectional meetings?" "Why don't you have one or

two sectional meetings in the forenoon, instead of having them all in the afternoons and evenings?" etc. This is about the substance of the remarks as we heard them (and we asked a good many questions of a good many members, for the purpose of bringing them out).

There was a committee "on sectional meetings" appointed for next year. Every member who has a suggestion to offer should write it out and send it to the unfortunate chairman, so as to give him something to think about for the next few months. The mental exercise will do him good, and doubtless help the Institute also.

One other matter of importance—the work done by Dr. T. F. Smith, chairman of the Bureau of "O., R. & S.," in finding out what department of work each member prefers—was a grand success, and its success will almost certainly be visible at next year's meeting. It is to be hoped that this new departure of the Bureau will be continued as a valuable aid to all the other bureaus.

The Institute adopted two important resolutions looking to the success of the next session. One was to limit the time occupied by each bureau in making its report in the general session to ten minutes. And the other to provide that not more than one-half the time set apart for each sectional meeting should be spent in the reading of papers. This latter resolution will guarantee one and one-half hours at least for discussion in each section, or a minimum of fifteen hours in all. This looks like business. If we do not have an abundance of profitable discussion next year whose fault will it be?

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#### OUR BUSINESS EDITOR.

Our Business Editor has taken to himself wings—or rather wheels—and has fled to parts unknown—to us. The

last we heard of him he was in St. Paul, Minnesota, and directing his course towards Yellowstone Park. We understand that he proposes, if time permits, to pursue his flight to Oregon, and probably to Alaska. It will be remembered that he proposed Sitka as a suitable place for the next Institute meeting. He perhaps wishes to ascertain the extent of the hotel accommodations at that favorite resort of his. By the way, he writes us an account of the accommodations at Lake Minnetonka, in case the Institute should ever determine to hold a session there. We will publish his letter shortly.

P. S.—We forgot to mention that our Business Editor left a few of his autographs at his office, which subscribers can procure at three dollars each. He is expected to return on or before the first of September.

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#### TO OUR CONTRIBUTORS.

We hope our contributing friends will be patient with us. This month the journal contains sixteen pages extra, and is chock full of Institute matters of a quality to interest all readers, and we are obliged to defer important papers till later issues. There are some excellent things in store for September.

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#### ERRATA.

In consequence of a misunderstanding of directions, our printer, while we were absent at the Institute meeting, struck off the first form—sixteen pages—of the present number before the proof had been revised. Some errors are, therefore, to be found, which should be noted.

Page 449, 4th line from bottom, for "Urales" read *Urates*.

Page 452, 6th line from top, omit "but."

Page 458, line 24, for "arrestible" read *irrepressible*.



Page 458, line 38, for "abodinal" read *abdominal*.

Page 459, line 2, for "malaria" read *malarial*.

Page 464, line 36, for "College" read *Belgè*.

Page 464, bottom line, for "acute" read *acuta*.

## Gleanings.

### Ice Poultice.

Spread a layer of linseed meal three-fourths of an inch deep on a cloth of proper size, and put pieces of ice the size of a marble on the meal at intervals of an inch; then sprinkle lightly with the meal, cover with a cloth and turn over the edges; apply the thick surface to the skin. The meal protects the skin and excludes the air from the ice, thus preventing melting.—*Technics*.

### Castration for Epilepsy.

Schramm, of Dresden, says that in comparison with other forms of spasm, castration in epilepsy and hystero-epilepsy yielded less favorable results, but that when epilepsy has a close relation to the menstrual process, the operation is a legitimate one and of great value. He adduced two severe cases operated on respectively one year and one and a half years previously, neither of whom had any fits since the operation.—*Arch. of Gynecology*, May 1887.

### Herpes Zoster: Its Relations with Herpes Facialis and Herpes Genitalis.

Epstein of Neisser's clinic in Breslau, says that the question of the identity of these various forms of herpes was raised by Bärensprung, in his classical article on zoster, years ago. Gerhardt supported this view, and suggested an examination into the relation between the facial herpes of acute febrile diseases and the rise in temperature. Just as there is usually a prodromal neuralgia in zoster, so in facial herpes an initial chill precedes the eruption by three days on an average. The initial chill seems to suggest the probable origin of the eruption; but to explain how the rise in

temperature can exert a direct influence upon the minute twigs of the trigeminal, Gerhardt suggests that the nerve passes through a narrow bony canal along with a small artery, which is first narrowed and then enlarged by the febrile influence. The pressure of the nerve-trunk between this artery and the bony wall causes more or less irritation of the nerve-trunk. In the case of herpes genitalis Mauriac has been brought to the conclusion that this is also due to a nerve-lesion and is closely connected with herpes zoster. Epstein examines carefully into the *pros* and *cons* of the question, and analyzes carefully the views of prominent writers on the subject, finally leaning strongly to the conclusion that all the forms of herpes have a common pathological origin, however differing in their clinical appearance and course.—*Phila. Medical Times*, May 28, 1887.

## News, Etc.

THE ALBANY HOMŒOPATHIC HOSPITAL AND DISPENSARY reports for the quarter ending June 30, 1887:

Patients in hospital, . . .	46
Discharged cured, . . .	18
" improved, . . .	8
" unimproved, . . .	1
Confined, . . .	4
Died, . . .	1
Remaining June 30th, . . .	15
Prescriptions in dispensary, .	673
Minor surgical operations, .	42

H. O. ROCKEFELLER, M. D.,

*Resident Physician.*

THE PENNSYLVANIA PHARMACEUTICAL EXAMINING BOARD.—Governor Beaver has appointed Mr. A. J. Tafel, the well-known homœopathic pharmacist, a member of the Board of Examiners provided for by the pharmaceutical law recently enacted in this State.

THE UNIVERSITY OF IOWA.—The Board of Regents of this institution has appointed Dr. J. G. Gilchrist Professor of Surgery, and Dr. C. H. Cogswell Professor of Obstetrics and Diseases of Children in the Homœopathic Department, thus securing the establishment of four chairs which include all therapeutic and clinical teaching. Students of homœopathy in the Uni-

versity will now receive all their practical instruction from homœopathic teachers, and only anatomy, physiology, chemistry and medical jurisprudence will be taught them by allopathic teachers.

An energetic movement is on foot to provide a homœopathic hospital in connection with the department, and with bright prospects of speedy success.

**THE ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.**—At a regular quarterly meeting of the County Homœopathic Medical Society, Dr. Gorham presented a summary of the more important proceedings of the National Homœopathic Association recently held at Saratoga. His remarks had special reference to the utility of arsenite of soda in the treatment of diabetes, as recommended by Dr. Martineau, of New York; also regarding the utility of stramonium in the early stages of hip-joint disease.

Dr. Paine described at length reports of confinement cases, embracing the preliminary treatment and the management of labor.

Dr. Gorham related his experience in the use of Massenetta water in the treatment of malaria and intermittent fever.

Dr. Waldo reported the history and treatment of several cases of albuminuria.

Dr. Schwartz related the difficulties he found it necessary to overcome in a recent case of chronic cystitis.

Dr. Pratt called attention to the salient points of a paper to which he had listened, at the Saratoga meeting, on "The Physiological Effects of Sea Air Upon the System."

The next regular meeting of the Society will be held on the second Tuesday in October.

**THE TWENTY-THIRD ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA** will be held at Pittsburg, September 20, 21 and 22, 1887. The headquarters will be at the Monongahela House, and the sessions will be held in the chapel of the Pittsburg Homœopathic Hospital. In connection with this meeting will be celebrated the 50th anniversary of the

introduction of homœopathy west of the Alleghanies. Addresses will be delivered by Drs. R. Ludlam and D. S. Smith, of Chicago, J. P. Dake, of Nashville, and William Tod Helmuth, of New York. All members contemplating presenting papers at the coming meeting will please send titles of the same to the undersigned in order to have them entered on the programme. Physicians who desire to become members can obtain blank applications by notifying

CLARENCE BARTLETT, M. D.,

Secretary,

1506 Girard Avenue, Phila.

July 13, 1887.

**THE MARYLAND INSTITUTE OF HOMŒOPATHY** held its ninth semi-annual session in Baltimore, May 11, 1887, Dr. G. T. Shower, the President, in the chair.

The President, after the delivery of a brief address, presented some "Notes on Materia Medica," and Dr. Eldridge C. Price gave the history of three interesting clinical cases.

Dr. Elias C. Price presented a paper on "Diseases of the Mammary Gland," and Dr. O. Edward Janney one entitled "A Short Study in Infant Foods."

After general discussion, the Institute decided to adjourn *sine die* and cease to hold meetings. The explanation of this decisive action is as follows:

For several years previous to 1882 there existed in our State a society called the Maryland State Homœopathic Medical Society. About five years ago this society ceased to hold meetings, and in order that Maryland should be represented by a State association, the Maryland Institute of Homœopathy was organized November 15, 1882, and later on was incorporated as a State society.

Recently, however, the Maryland State Homœopathic Medical Society has been revived, with a good prospect of continuance, and the members of the "Institute," recognizing the priority of the other society, have determined to encourage no rivalry, and have, by the above action, left the field clear.

O. EDWARD JANNEY,

Secretary.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.


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Vol. XXII.

Philadelphia, Pa., September, 1887.

No. 9.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

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### UREA—THEORETICAL AND PRACTICAL.

BY EUGENE L. OATLEY, M. D., DEMONSTRATOR OF CHEMISTRY IN THE  
HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

[Read before the Philadelphia County Homœopathic Medical Society.]

So much importance is attached by the medical profession to the detection of albumin in the urine, in suspected disease of the kidneys, that it is quite phenomenal if any one of the many medical journals does not, at very short intervals, contain an account of this or that test of special delicacy. Now and then tests for saccharine urine are mentioned, but rarely is the importance of the determination of urea in each analysis insisted upon. Aside from the necessity for testing for albumin and sugar, there are certain conditions of the urine when it becomes requisite to ascertain any modification in the proportion of normal constituents, as well as the presence or absence of abnormal. In the cirrhotic kidney, albumin is often wanting for a long time, while at other times it is found in urine when nephritic disease is believed to be absent.

Chiefly by means of the expired air, fœces and urine, the excrementitious products of the body, representing tissue metamorphosis, and the refuse matter of the food, are eliminated, and by none are certain principles—representing the wear and tear of the body—more uniformly excreted than by the urine. The urine thus becomes the type

of—and for diagnostic purposes is the most important—the human excreta, normally, containing most of the soluble waste products separated from the blood by the kidneys in the process of retrogressive metamorphosis, and, abnormally, the various products resulting from a pathic condition existing either in the kidneys or in the system at large. Not only should the various qualitative tests necessary for diagnostic purposes be applied, but a knowledge of the total elimination within certain periods of time, is absolutely necessary at times to give the probable prognosis, or to continue, or vary, the treatment as the condition of the patient would seem to indicate.

Urine consists of a liquid with solid constituents generally in solution, the latter being all that remains when the aqueous part is evaporated, and is composed of organic and inorganic acids and bases. Forming nearly one-half the total solids, and thus the most important solid constituent of the urine, is urea, the final product of the eliminative process of most of the nitrogen of the retrogressive albuminoids and superfluous food. Being the principal end-product in tissue metamorphosis, the amount excreted in twenty-four hours is an index of the nutritive force and physiological waste.

The question of the probable source of urea has occasioned much controversy among physiological chemists, owing to the difficulty in following the minute changes that intervene between the functional working of the various tissues and the change of their substance into excrementitious products. When Wöhler, in 1828, made in his laboratory a substance identical with an organic compound—urea from ammonium cyanate—a stimulus was given to investigations in physiological chemistry maintained to the present time. Whether the kidneys act as a filter in removing already existing urea from the blood, or possess a power capable of constructing urea from compounds of lower oxidation is, as yet, impossible to determine; either side presenting certain arguments that appear to be unanswerable; but the burden of proof is with those who believe that urea always pre-exists in the blood, and is not formed by the kidneys to any extent. Assuming that the kidneys merely remove from the blood certain excrementitious matters, what is the probable source of urea?

For many years it was believed that the quantity of urea eliminated was greatly influenced by the amount of exercise. That “the nitrogenous matters eliminated as products of disintegration should vary according to the amount of work performed,” was the doctrine promulgated by Liebig, and advocated as late as 1865 by Dr. Playfair. The results of recent investigations, however, do not uphold this asser-



tion, many experimenters having failed to notice more than a moderate increase in the amount of urea excreted after even the most violent exercise. But, although urea is not directly produced as a result of the activity of the muscular tissues, it is fair to presume that it is the ultimate product, kreatin being its antecedent. Sugar, though produced by the liver in large quantities, is found in that organ only in very small amounts, the larger portion being swept away in the blood-current. Likewise kreatin is always found in the muscles, the amount increased by exercise, but as rapidly as found is carried away in the blood-current, and in considerable quantity, within twenty-four hours from the large extent of the muscular system. This, with associate products, xanthin, hypoxanthin, etc., is carried probably to the liver, and possibly to the spleen, where the oxidation into urea is effected. Thus the metabolism of the nitrogenous tissues may be considered the principal source of urea.

Few people consume just the amount of food requisite to supply and nourish the tissues, and the conversion of the superfluous nitrogenous material into more simple and excrementitious products becomes another quite important source of urea. The quantity of nitrogen eliminated by the kidneys holds quite a fixed relation to the amount taken into the system with the food. Increase the amount of the nitrogen of the food, there is a corresponding increase in the quantity eliminated; diminish the amount in the food, and the quantity eliminated is diminished. As might be inferred, an albuminous diet will increase the urea, a vegetable diet greatly diminishes it, a mixed diet produces an intermediate quantity, while starvation reduces it even below that of the purely vegetable diet. This principle is strikingly illustrated by the difference in the quantity of urea excreted by the carnivora and by the herbivora, the latter almost one-half the quantity of the former. That the theory that the excess of nitrogenous food furnishes the principal source of urea—*luxus consumption*—gained prominence, is not to be wondered at with such advocates as Parkes, Voit and Pettenkoffer.

The question is now asked, where this change of the albuminous excess is effected? Alas! the burden the liver must bear becomes still heavier. Food taken into the system is changed by the process of digestion to peptones, which are absorbed. This absorption, however, is limited, and the excess in prolonged pancreatic digestion undergoes decomposition into leucin and tyrosin, which pass to the liver through the portal system, where they are changed to urea. Introduce leucin or tyrosin into the alimentary canal, they, as such, do not appear

in the urine, but the urea is increased. Conversely, in rapidly destructive diseases of the liver, the urea is lessened, its place being occupied by leucin and tyrosin.

From the fact that the hepatic vein contains fewer red blood-corpuscles than the portal vein, Oliver concludes that the liver, besides forming glycogen and bile, in some way causes a disintegration of the red blood-corpuscles. From the hæmoglobin is derived bilirubin, a coloring matter of the bile, and this, in turn, produces urobilin, a coloring matter of the urine, while the rest of the protoplasm of the blood-cell is in the liver converted into urea to a large extent. It may be noticed that uric acid has not been mentioned as a probable antecedent of urea, and it is now not so considered that albumin must pass through the former before being eliminated from the system, as the latter substance. Uric acid appears in the urine in very small quantities, and in disease there is not a proportional increase; while in the blood its existence has often been denied. From the extremely small quantity said by some to be found in the blood, it is probable that it is changed in the tissues as soon as formed, the small quantity appearing in the urine being due to the metabolism of the kidney tissue, that excretion furnishing the easiest avenue of escape from the system. Whenever the uric acid fails to be changed in the tissues, or is in excess, it is thrown into the blood-current and eliminated, except in those parts of the system where the circulation is slow, and there tophi of urate of sodium are deposited, as in the cartilages of the ear and the uriniferous tubules. Thus the probable sources of urea are kreatin, leucin, tyrosin, the red blood-corpuscles, and, possibly, oxidation of the cyanogen compounds.

In disease the relation between the quantity of urea eliminated and the metamorphosis of the albuminous principles of the food converted into tissue is not maintained, and there may be sharp fluctuations as well as a gradual increase or decrease in the quantity eliminated. In almost all febrile conditions the urea is increased, this increase being intimately associated with the rise in temperature. For a long time it was generally believed that the metabolism of the tissues is proportional to the quantity of oxygen respired; the greater the amount of oxygen taken into the lungs the greater the nutritive changes, and, consequently, an increase in the quantity of the excrementitious products, as carbon dioxide and urea. But if the entrance of oxygen into the lungs is impeded, perfect combustion does not occur and the products of a lower oxidation, as uric, hippuric and oxalic acids, etc., are eliminated. This theory does not explain the intimate con-



nexion between increase in urea and rise in temperature. Were the germ theory of disease as applicable to all disorders of the organism as to the infectious diseases, including diphtheria, the explanation would be comparatively simple. Maclagan defends the doctrine that the contagium particles are organized bodies which grow and multiply, deriving their nourishment from albuminous matter the same as the tissues of the body. As soon as the supply of nitrogen is not equal to the demands of both the system and the contagium, the latter thrives at the expense of the former; the constructive albumin is diverted from its proper purpose, and as the metabolism of the tissues not only continues but increases as the circulation increases, the urea derived from the retrogressive albumin also increases. Not only does the contagium require nitrogen, but, also water, and which, if not supplied in sufficient quantity, is taken from the tissues, and the body, being deprived of the nitrogen and water necessary for its nutrition, wastes. That water is consumed by the contagium is evident from the increased thirst, with a corresponding decrease in the secretions and excretions. In the few cases in pyrexia, where the urea is decreased rather than increased, the system is so deranged that food is with difficulty tolerated by the stomach, and that whatever that organ will retain is imperfectly digested and assimilated. Consequently, there is not sufficient constructive albumen to supply even the contagium, the sufficiency being made up from the next probable source, the unstable, retrogressive albumin. But it is from the retrogressive albumin that the urea is derived; hence the latter is diminished in formation, and, consequently, in elimination.

Whatever the cause of disease, a germ, a morbid condition of the blood or of the nervous system, the metabolic changes are associated with the same phenomena. The nitrogen of the constructive albumin is converted into organic albumin, from which the various organs and tissues are formed; the worn-out principles are oxidized, and nitrogen appears in the form of retrogressive albumin. These changes necessarily occur in and around the capillaries; in other words, the combined intra-molecular changes of each cell make up the metabolism of the tissues. Thus the metabolism of the cell elements is the cause of the oxidation, and not the oxidation the cause of the tissue metamorphosis; hence Virchow's statement that the "elevation of temperature must arise from an increased consumption of tissue." Just as the vegetable cell stores up its supply of starch for its future needs, so does the animal cell store up its nitrogen and oxygen to withstand the variable influences of organic life and preserve the equilibrium of

health. In pyrexia, the cell is the first to perceive the stimulus of a morbid process, and it responds by drawing on its stored-up food. Withdraw the stimulus early, and the cell resumes its normal action, and there are no external manifestations of the abnormal condition. But if the stimulus is continued or increased, the stored-up food is exhausted, a demand is made for a fresh supply, exhibited by the gradual increase in the respiration and circulation, consequently the temperature, with increase in urea, which continues so long as the stimulus is maintained. In these cases, where there is an increase in urea without fever, it is probable that the cells are undergoing abnormal intramolecular changes, which produce increased metabolism of the tissues, but stopping short of pyrexia. In most cases of fever, however slight, as in acute coryza, or however intense, as in typhoid, or of the inflammatory diseases, as in pneumonia, or of the exanthemata, as in scarlatina, there is an increase in urea as the disease progresses, a decrease indicating the beginning of defervescence, while during convalescence the quantity is often below the normal. In diabetes mellitus there is a marked increase due to the excessive nitrogenous diet, and also to the increased tissue metamorphosis. In chronic diseases, unaccompanied by pyrexia, as in rapidly destructive diseases of the liver, paralysis, cholera and the various forms of nephritis, there is a decrease in the urea, partly from a decrease in the formation in the system at large, and also from retention in the dropsical exudations especially. It is in Bright's disease, however, that the attention of the physician is especially directed to the advantage gained in prognosis and treatment by a frequent determination of the amount of the daily excretion of urea during the course of the disease. Roberts writes that "The normal solids of the urine are all diminished in chronic Bright's disease. The urea, as a rule, is markedly diminished." Before the onset of uræmia, and also the coma of diabetes, there is always a decrease, often sudden, in the urea. It is quite definitely settled that the uræmic condition is not due entirely to a retention in the blood of any one substance acting as a poison, nor to localized oedema of the brain, but that many excrementitious products are concerned in the result producing a morbid condition of the whole system.

The amount of urea in the blood, and, consequently, in the system, is thus the most constant index of the excrementitious principles, and serves as the standard of measure or unit of potential.

The normal excretion of urea in twenty-four hours is between thirty and forty grammes, or an average of many examinations, 33.5 gram-



mes, about three per cent. ; though women eliminate less and children relatively more.

In lardaceous disease of the kidneys the urea falls but little below normal, even towards the end diminishing but slightly. In the cirrhotic or granular form the urea is invariably reduced, though not to a great extent until the disease has progressed some time. In the chronic parenchymatous nephritis there is always a reduction in urea, but the variation from day to day is considerable, depending on the elimination by the kidneys and its consequent accumulation in the blood. In acute parenchymatous nephritis the diminution of urea is more marked, varying, however, with the amount of water. The diminution is generally moderate, but it has fallen as low as 1.4 grammes in twenty-four hours in a case of scarlatinal dropsy, and in a case reported by Vallance it fell to .72 gramme. But before uræmia sets in the diminution in all cases is well marked, and should be heeded.

In determining the urea it must be remembered that the apparent abnormal condition may be due to certain foods and liquids consumed by the patient, or to certain medicines previously administered.

In order to make practicable the estimation of the quantity of urea excreted in twenty-four hours, some method must be employed sufficiently accurate, and at the same time so simple and rapid, that even the most busy practitioner will use it. Liebig's quantitative process, with the nitrate of mercury, is accurate, and the one most generally used by specialists, but, being complicated, is open to error and requires too much time. A modification of Davy's method is probably the simplest, and is sufficiently accurate. This consists in the use of the hypobromite or hypochlorite of soda, which decomposes urea into water, carbon dioxide and nitrogen, the last serving as the unit of measure. The hypobromite solution being unstable, a recent preparation is required, and together with the fact that the bromine used in its manufacture is very irritating to the mucous membranes, the hypochlorite solution, or liquor sodæ chlorinatæ, if made by reliable manufacturers, is preferred and gives good satisfaction. A mixture of the sodium hypochlorite and a solution of potassium bromide has been recommended as giving more uniform and accurate results than the hypochlorite alone, and, indeed, its use is eminently satisfactory. An apparatus easy of manipulation consists of a glass cylinder, filled with water, floating a burette of 50 c. c. capacity, and graduated into suitable subdivisions. The burette is open at the bottom, while the top is drawn out to an open point, to which is attached a rubber

tube. The tube is connected at the other end with a perforated rubber cork, fitting a bottle of about 100 c. c. capacity, with a neck large enough to admit a tot, or small list tube, of about 15 c. c. The solutions used are 25 c. c. of sodium hypochlorite, 5 c. c. of the solution of potassium bromide (1-6), and 5 c. c. of the urine to be examined.

Place the sodium and potassium solutions into the bottle, the urine into the tot, and introduce the tot into the bottle without mixing the liquids, inserting the cork in the latter. After making all the connections intact, raise or lower the burette to keep the water within and without at the same level, and read the height to which the liquid stands in it. Gradually mix the contents of the bottle and tot by gentle agitation. The nitrogen of the urea is liberated and passes into the burette, driving the water out before it. When the evolution of nitrogen has ceased, take the reading of the burette, and allow the apparatus to rest a few minutes; then take the reading again, and if the same as before, the difference between the latter and that taken before mixing the liquids indicates the number of c. c. of nitrogen liberated from the urea contained in the 5 c. c. of urine. As each c. c. of nitrogen represents .0027 grammes urea, at  $0^{\circ}\text{C}$ , the barometer at 760 millimetres, .0027 into the number of c. c. of nitrogen represents the number of grammes urea in the 5 c. c. of urine, from which the total elimination in twenty-four hours is easily calculated. Of course, nitrogen is liberated from the other nitrogenous constituents as well as the urea, but as the yield of nitrogen from urine is slightly deficient, the equilibrium is maintained, and renders the method sufficiently accurate. To be chemically exact in estimating the amount of urea, corrections for temperature and barometric pressure should be made by referring to the table of Dietrich, or applying a formula found in almost any large work on chemistry.

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#### HYDRASTIS CANADENSIS IN GYNECOLOGY.

BY E. M. HALE, M. D., CHICAGO, ILL.

This indigenous remedy, which we once thought we understood in this country, has within a few years reached a high sphere of usefulness, undreamed of by the American physicians of all schools. The allopaths have generally ignored it, because it was used by eclectics and homœopaths, and because of its large use in domestic practice. In all their works on materia medica, nearly up to this date, they dismiss it with the common-place name of a "simple bitter tonic." The



eclectics have not given it a much higher place. They have only differed from the regulars\* in using it more extensively as a tonic (in some eclectic works it is called a "uterine tonic"), and as an anti-periodic (which it is not). Homœopaths have done more, for they have proved it on the healthy, and got many symptoms of value, which, while they gave some clue to its action, failed to unlock the hidden powers of this great remedy. We have cured hemorrhoids, indigestion, constipation, mammary tumors, debility, and some minor complaints, but many of these cures were from its use as a purely empirical remedy, and not because the symptoms indicated it. And right here I may be permitted to say, what has been my sincere conviction for several years, namely: that we, as a school, are losing ground in materia medica, because we have persisted in limiting our provings to healthy persons, small doses, and only for the *purpose of evolving subjective symptoms*.

We have, as a school, ignored pathological provings on animals (physiological experiments, so called). I claim the only provings on animals, made in our school, were made by myself with *gelsemium*, on dogs and cats, in 1860, and *iberis* on frogs, about 1880, in which I was assisted by Dr. E. A. Gatchell. Meanwhile Drs. Bartholow, Ott, H. C. Wood, and many others of the regular school, have been actively engaged in experimenting with an indigenous drug on animals, and in many instances on man, with the result of placing many drugs in an entirely new and interesting light.

The opposition of our school to such experiments has been to me inexplicable. By such neglect we have lost much of our prestige, as investigators of the action of drugs.

In the case of *hydrastis*, it is due to Prof. Schatz, of Europe, that he should be given credit for the discovery of the real sphere of action of this drug. He is one of the deepest thinkers and shrewdest experimenters in the Old World. Possessed of an almost perfect knowledge of human and animal physiology, he is competent to interpret the meaning of the changes which drugs cause in the living to-day. I have not before me the records of his experiments with *hydrastis*, but it will suffice to say that he was the first to ascertain the important fact, that *hydrastis causes a contraction of the muscular coats of the arteries, without initiating contractions of muscular fibres elsewhere*.

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\* Would it not be well for us to use some other term in referring to allopathists? The term "Regular" applies equally to physicians of all "schools." And as usually employed, it is an undefinable term, as allopathic authorities have themselves admitted.

Upon this one fact hinges the action of this drug. Ergot causes such contractions, but it is associated with contractions of other muscles. The same may be said of digitalis, adonis, convallaria, and nearly all cardiac remedies.

In the *Amer. Hom. Jour. of Obstetrics* I have lately given a resumé of the uses to which we can put this action of hydrastis, but a recent article by Dr. R. W. Wilcox (allopath) gives some further indications for its use:

"The author gives of the fluid-extract of hydrastis, thirty drops, three or four times a day, in cases of fibromyomata, subinvolution, hemorrhagic endometritis. According to him, it checks the bleeding from uterine fibromyomata by the production of persistent anæmia, unaccompanied by the distressing cramps of ergot or the flooding from the alternate contractions and relaxations. So in the cases of small fibroids, it is preferable where their expulsion would probably be attended by hemorrhage or septicæmia.

"In hydrastis he sees a sovereign remedy in endometritis fungosa, even when curetting has failed to arrest the bleeding. He has seen a fatal result from the apparently simple operation of curetting. That there is danger is attested by the number of so-called antiseptic curettes to be found in the market. With the use of hydrastis no confinement to the bed is necessary.

"*Hydrastis Canadensis*, by its faithful use, will often render Emmet's operation unnecessary. The uterus becomes smaller, the leucorrhœa diminishes, the erosions heal, the displacements become rectified. Apparently it is to this class of cases that Shvestizeneff refers, although he does not apparently recognize a lacerated cervix.

"The author has treated successfully five cases of climacteric hemorrhage with hydrastis.

"The results obtained in these cases he regards as admirable, and he believes he has a valuable remedy in this class of cases, which oftentimes are very difficult to relieve. It is only fair to say that he has also used the bromides sparingly and arsenic somewhat vigorously, but he feels positive that, in removing one cause of general anæmia, hydrastis has been of great benefit.

"Nine cases of pelvic inflammation have come under his care which have been treated with hydrastis, and since using hydrastis he has abandoned the use of iodine, and to some extent hot water and local treatment. He recommends it in pyosalpinx, thinking it reduces hyperæmia without contracting the tubes.

"He, in this way, treated three cases of congenital antiflexion with marked relief of symptoms.

"The author thinks that a timely use of hydrastis may, in many cases, prevent operations now considered necessary, and also obviate the necessity of wholesale gynecological examinations which, in the case of girls, he rightly deprecates."

It will thus be seen how wide and high is building the therapeu-



tics of this drug. It is sad to think that our school has lost the honor of discovering its potent curative powers, while we were frittering away the time in "proving" it, with the beggarly result of getting a few subjective symptoms, which we could not interpret. It may be asked why I did not engage in such experiments on animals, and discover its power? To this I make answer, that to conduct such experiments successfully requires a perfect modern knowledge of the intricate physiology of the living organism; a perfect knowledge of the technique of delicate manipulation of living tissues; an expert knowledge of the science of microscopy, and the leisure to use the implements of a complete laboratory, all of which I am sorry I do not possess, and cannot command.

This work was done by men who occupy high positions in European universities, where they had unlimited command of time, and all the delicate instruments with which they did their work, unhampered by private practice. Yet, it would seem that in some of our prosperous colleges in this country; in Boston, New York, Philadelphia, Chicago and other places, and especially in the Homœopathic Department of the University of Michigan, such physiological experiments might have been successfully carried on.

But, with a few practical remarks, I will close. The curative power of hydrastis over mammary tumors I believe to be due to the same cause which enables it to meet the growth of uterine fibrids. Its curative power over portal and hemorrhoidal congestion is of the same character as its power over pelvic congestions. I have cured several cases of large uterine fibromyomata, gynecological surgeons having declared there was no hope from anything but the knife. It is believed by many that in the white alkaloid resides this peculiar power. But some experimenters claim it resides in the phosphate of berberina. I have never tested it, nor have I sufficiently tested the white alkaloid or its salts, to be able to decide if it is *the* potent constituent of the root.

In nearly all my cases I have used mother tincture of hydrastis; in a few the colorless hydrastis. I am now using, with apparently good results, one part of the tincture, mixed with an equal part of Lloyd's colorless hydrastis. I think the latter *energizes* the tincture, and that the mixture is superior to either alone. It is my intention, when a good opportunity presents, to test the colorless hydrastis alone, using it as an injection directly into the body of the tumor.

## THERIDION CURASSAVICUM.

BY B. F. BETTS, M. D., PHILADELPHIA, PA.

[Read at a meeting of the Hahnemann Club of Philadelphia.]

It is only after considerable experience with the use of this drug that I have felt like laying its claims before you, and in doing so I wish especially to define its sphere of action in gynecological practice. Many of the symptoms obtained from provings made by Hering and others about the year 1832 have been confirmed by Dr. Neidhard, of this city. Dr. Baruch, of New York, has employed the remedy successfully in complaints developed in scrofulous subjects. Weak, nervous patients, who suffer from a particular form of dysmenorrhœa—the menses being very much delayed, have been singularly benefited by it.

All the spider poisons affect the nervous system; due perhaps to degenerative changes in the blood supply, but theridion is peculiar in its effects upon the nerves of the special senses, from which we conclude that the lower part of the brain feels the impress most profoundly.

There is considerable impairment of vision, as well as flickering before the eyes, especially when closing the lids. There is nausea from irritation of the pneumogastric nerves, which is also increased by closing the eyes, and there is vertigo aggravated from the same cause.

There is a rushing noise in the ears, like that of a waterfall, with some impairment of hearing. Every sound seems to reverberate through the whole body, particularly through the teeth. The impingement of sound waves upon the auditory apparatus increases the vertigo, which is then attended by nausea. All of these auditory disturbances point to centric irritation, but in other respects they resemble very closely the symptoms of Menière's disease, labyrinthine vertigo—auditory—aural vertigo. There is the tinnitus, impairment or over-sensitiveness of hearing, vertigo, nausea and pallor of the countenance so characteristic of that affection. Yet I am not aware of its ever having been used in such cases.

The headache of theridion is aggravated by noise, and so is the vertigo, as mentioned above. Through the auditory tract, noise increases even the nausea, as does the act of talking, for the latter furnishes the two factors, motion and noise, both of which increase the headache and vertigo as well as the nausea. The disturbance at the roots of the vagi is increased by closing the eyelids, just as children, sick from swinging, complain of a similar aggravation from the same cause in some instances.



Among other affects upon the base of the brain we find a sense of oppression and fullness behind the ears ; headache back of the eyes ; pain as from a pressing band at the root of the nose and over and about the ears, are symptoms found at times in weak, scrofulous women. Of course it is not only the lower part of the brain that feels the impress of this poison, for cerebration is interfered with ; thinking becomes difficult ; comparisons are made with difficulty as these require the exercise of memory, and memory is made defective by theridion. The patient seems timid, and lacks confidence in herself ; time passes more rapidly than she is aware of ; she tries to occupy her mind but finds pleasure in nothing ; has a queer sensation in her head that is indescribable ; it feels thick as though it were another strange head, or as if she had something upon the head which did not belong to it ; the head feels heavy and oppressed. I am not aware that theridion has proven curative in megrim or sick-headache, although I have prescribed it to several patients because of an apparent similarity between their symptoms and its pathogenesis. Perhaps this result has been due to the fact that they all lacked the ocular and auditory disturbances and vertigo made worse from motion and noise, which go so far to make up the true semblance of "the nerve-storm" that Liveing spoke of as sweeping the sensory tract from the optic thalami to the ganglion of the vagus in true megrim, and which are so characteristic of theridion.

Its influence upon the great sympathetic system is quite marked. Through the vaso-motor nerves we find the sensation of chillness, or chilly-creeps, with pallor of the surface produced in several provers. It has produced profuse watery nasal secretions, with sneezing, and, in the hands of Dr. Korndoerfer and other eminent physicians, it has cured chronic naso-pharyngeal catarrh in scrofulous persons, with offensive smelling, thick, yellow, or yellowish-green mucus from the nose and pharynx when there was likewise a trickling into the pharynx and at the same time a dull, thick, heavy sensation in the forehead, or throbbing extending into the occiput.

In the reproductive sphere of women we find theridion causes a delay in the menstrual flow—from enervated nerve action. It produces copious cold sweats, chilly sensations, faintness and vertigo, all suggesting its applicability in certain forms of dysmenorrhœa in anemic nervous women, or when the same symptoms develop at the time of the menopause, especially when such patients complain of trembling in the limbs and are easily startled—hysterical, and subject to the peculiar form of headache mentioned above.

Even in serious impairment of intellect during the climacteric it should be compared with *asteria-rub.*, *lachesis*, and *pulsatilla*.

*Asteria*—the star-fish—has more sanguineous congestion to the head with the pressing and distressing feeling in the brain, whilst the pains are more transient than are those of *theridion*. They come quickly and go quickly.

*Lachesis*, like the *theridion*, has vertigo, worse when the eyes are closed, but a distinguishing feature is that the vertigo, pains in the head, and even the nausea, are aggravated from noise and motion under *theridion*. Both *lachesis* and *theridion* have vertigo, with disposition to faint, but the *lachesis* patient is the most talkative, proud, peevish and suspicious.

*Pulsatilla* is quiet and tearful, and complains of vertigo, but finds relief from going into the open air. The dazed dizziness of *pulsatilla* is accompanied by internal heat of the head, and a sense of fulness even when the face is pale. Both have pale face, anemia and chilliness. The pain so often felt in the left pectoral region of reflex uterine origin, may be cured by *theridion* at times if other symptoms correspond.

*Pix liquida* selects a spot at the third left costal cartilage where it joins the ribs, and *senega* 3x often cures a pain of like origin, dull, aching, with tenderness, located near the same spot. The queer feeling on top of the head, as if that part did not belong to her, produced by *theridion* makes us think of *actea racemosa*, which has a feeling as if the top of the calvareum would fly off and *baptisia* has cured the same symptom. But in many respects *gelsemium* resembles *theridion* more than any of the other remedies mentioned, especially in the character of the fluent watery discharge from the nose, with sneezing, feeling of fulness at the root of the nose; the general irritable weakness of the whole system, and especially of the sexual organs; chilliness, and chilly creeps. But the headache from the occiput to the forehead, the dull expression of the face, even the besotted heavy look, of *gelsemium*, will often distinguish it. It often follows *theridion* well, as it did in the following case, which forms a startling illustration of its curative virtue.

Miss G., 25 years of age, was sent by her physician to be treated for dysmenorrhœa, on the 18th of May, 1886. She had been an invalid for four years; during the last year her sufferings had been much worse than ever before. She had just consulted an eminent gynecologist of the other school, who placed her under the influence of an anæsthetic and made a thorough examination, and announced to



her that it would be impossible to cure her without an operation, which was to consist in the removal of the uterine appendages—Tait's operation. Before submitting to this, she concluded to try homœopathic treatment again. She was extremely pale, anemic, sallow and emaciated, tall and utterly devoid of animation or sprightliness. The bowels were moved with great difficulty, and she had sharp, shooting pains in the back, extending into the thighs. Dull brow-ache, with an aching, queer feeling on the top of the head and down the spine, made worse from physical efforts of even the mildest form. Occasionally the dull ache in the forehead would change to a throbbing pain, that shifted into the occiput. When she suffered most with the headache she would vomit, especially at night, and often complained of nausea without vomiting, and a bitter or sour taste in the mouth. The lower part of the abdomen felt numb, and this numb feeling extended down the thighs. She was always tired, and her hands and feet were cold, especially when she had considerable pain. The urine was dark and scanty, and pain attended its evacuation. She had often suffered from retention, so that the catheter had to be resorted to for several days in succession. There was some leucorrhœa, with pruritis vulva. The menses were delayed from a few weeks to several months. The flow lasted, when it did make its appearance, from seven to fourteen days. With the visit of the flow, and often for several days before, she suffered intense pain in the region of the ovaries, during which time she would become intensely hysterical, wild and maniacal.

I found her in one of these attacks rolling from one side of the bed to the other, striking, pulling and twitching like a crazy woman—a terror to her attendants and anything but a joy to her physician, who had been summoned to her bedside in the middle of the night to quiet her. Medicine had but little effect—the gentle, but firm exercise of will force subdued her partially, but the hysterical attacks were so violent, anodynes had to be resorted to for the first two or three periods to produce the desired effect; but these were dispensed with as soon as possible. The most intense pain was in the region of the left ovary. It was sharp, shooting in character, producing a sickening sensation, without much vomiting. She occasionally had the same neuralgic pains in the region of the right ovary, but they were not usually as severe. She had intense headache during the intermenstrual period, flickering before the eyes, disturbed vision and defective hearing. From an examination, the ovaries were found to be very sensitive, the tubes sore and distended; as the uterus was anti-

flexed they could be readily felt. The cervix was swollen and sensitive, but not eroded; and, altogether, it looked as though Tait's operation might have to be resorted to, but the uncertainty of the ending induced a trial of gelsem. 3x for a few weeks with some relief. After that ignatia 30 and at the menstrual period viburnum prunif. did some good. The next month sulph. 30, gelsem. 3, lachesis 200, and then pulsa 30 were prescribed, but the menses failed to appear. She complained of frontal headache, chilliness and vertigo. Gels. did no good, but a careful study of theridion led to its being prescribed in the 200 potency, and a marked improvement set in very soon afterward.

This continued from month to month, no other remedy being used, and no change in her surroundings being effected. Nearly a year has passed, and she has become quite regular as regards the menstrual flow, and passes through that period without much pain. She is strong and lively, rejoicing in the effectual relief of the sufferings which formerly made life a burden almost too heavy for her to bear.

Other cases of a similar character have been relieved by the same remedy, thus inducing the hope that it may meet the requirements in a few—necessarily rare—instances in which continuous suffering and anæmia have so overtaxed the nervous system as to lead to violent hysterical outbursts at the time of the menstrual flow, when the menses are very much delayed and attended with sharp neuralgic pains in the ovarian regions.

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#### INJURIES OF THE EYE.—FROM BURNS, SCALDS, AND CHEMICALS.

BY W. H. BIGLER, M. D., PHILADELPHIA, PA.

Besides the injuries to the eye resulting from the mechanical effects of foreign bodies of various kinds coming in contact with the eye or penetrating it, there are other conditions of equal importance due to their heat or caustic properties. It would manifestly be impossible to pass in review all the substances which might at some time or other produce such injuries; we must, therefore, confine ourselves to the notice of a few only of the most common, with a general reference to their effects and to the principles of treatment, allowing each one to apply these to the individual case as it may arise.

We may have varying degrees of disorganization of the tissues of the eye resulting from heated liquids or molten metal, or from strong acids or alkalis. The importance of the injuries inflicted will depend upon the tissues involved and the degree in which they are affected. The lids usually act with so much promptness that they protect the eyeball at the expense of their own integrity. A deformity may



result, but the sight may be spared entirely, or be affected only secondarily. Again, if the foreign body reach the eyeball, the conjunctival surface of the bulbus or lids alone may suffer, or the cornea or deeper structures. The degree to which the tissues are involved will also modify the seriousness of the injury. We may find any degree of severity from a mere reddening of the skin, to vesication, ulceration and sloughing of the cornea, loss of sight, and total destruction of the eye.

While the final results of many injuries of the kind spoken of prove to be less disastrous than they at first threaten to be, our prognosis as to the sight, in cases of any severity, must be guarded, owing to the liability of its being secondarily affected through changes taking place in structures not directly concerned in vision.

Burns, scalds, and the injuries resulting from caustics when seated on the external surface of the lids, will be treated on general surgical principles, in the first stage by the application, on lint, closely applied, of a solution of bicarbonate of soda, or of cosmoline, or of white of egg, glycerine and arnica tincture—glycerine  $\mathfrak{z}$  v, white of egg  $\mathfrak{z}$  iv, arnica  $\mathfrak{f}\mathfrak{z}$  iij (Lilienthal), or of cotton oil (equal parts of lime water and linseed oil)—or of some other of the numerous remedies applicable. In the second stage, while promoting separation of sloughs and healing, the liability to contraction of the wound in cicatrizing and the consequent eversion of the conjunctival surface of the lids, must be guarded against by the manner of applying the dressings and by manipulations, stretching, etc. Should this eversion, called ectropium, occur, it may in many, though not necessarily in all cases, become the cause of gradual changes, first in the conjunctiva, then in the cornea, until the eye is seriously damaged, and an operation for its relief becomes necessary. It would not be in place here to enter into the details of such operation.

If the lids do not close rapidly enough to prevent the entrance of the foreign body into the conjunctival sac, we may have the direct consequence of substances which by their heat cause injuries. Splashes of hot water, hot fat, or of molten metals, are the most common.

The damage caused within the eye is sometimes modified and lessened to a remarkable degree by the profuse flow of tears that immediately follows the contact of the body. It serves to cool and dilute the liquid and, in the case of molten metals, to prevent direct contact of the mass with the tissues. If the epithelium alone is attacked—although this may be destroyed and finally cast off—it will be reproduced so completely as to show little, if any, evidence of pre-

vicious injury. Even on the surface of the cornea this may be the case. If, however, the destructive action extend through the mucous membrane in the conjunctiva, the resulting space will have to be filled up by contraction of the surrounding tissue, and a contracted cicatrix will result, causing deformity and impairment of vision. If the true corneal tissue is attacked, besides the danger of general inflammation of the eye, we have, as an unavoidable consequence, the formation of a nebula or leucoma. Should an ulcerative process be set up, we may have a slough of the entire thickness of the cornea, with prolapse of the iris, staphyloma of the cornea, loss of vision and total destruction of the eye. As to the treatment: the best application, after the removal of every foreign body, is olive oil dropped between the lids, and cold water dressings. If the injury be severe enough to cause sloughs, when they begin to separate the water dressings may be continued or poultices substituted according to the feelings of the patient. We would, however, decidedly warn against the long continued use of poultices.

In healing there is great danger of adhesions forming between the margins of the lids (anchyloblepharon), or between the conjunctival surface of the lids and ball (symblepharon). A liberal use of oil, or cosmoline and frequent changes of the dressings, and manipulation of the parts can do much to prevent and to lessen the chance of these results. If they do take place, in spite of our care, some one of the various operations proposed will be requisite for their relief.

The capability for doing harm possessed by quicklime is not surpassed by that of any other substance. It is a powerful irritant and the flow of tears called forth by its presence serves only to slake it, while the spasmodically closed lids keep it in close contact with the ball. Rarely does an injury from lime remain superficial. It quickly penetrates the epithelium and underlying tissues, causing in healing a dense contracted cicatrix. On the cornea a dense, white leucoma, sometimes containing lime, with lasting impairment of vision is almost invariably the result. Panophthalmitis is a not unfrequent consequence, while symblepharon and anchyloblepharon are often not to be avoided. Slaked lime, whitewash, or mortar differ only in the degree of the severity of the injuries inflicted.

The treatment will vary according to the period at which the patient is seen. If immediately after the accident we may render the lime harmless by changing it to an acetate by syringing out the eye with a weak solution of vinegar, or of dilute acetic acid.

If, however, as is usually the case, some little time has elapsed, the



best application is a few drops of oil dropped into the eye. This will partially neutralize the effects of the lime and will enable us better to search for and remove with all speed any particles that may still be present. Then syringe with tepid water, drop in more oil and apply cold wet linen clothes. If the destruction has been great, sloughing of the tissues will result and must be met in the usual way. While healing is going on the danger of the occurrence of symblepharon must be kept in mind.

Similar to the effects of lime are those of strong acids, such as sulphuric, nitric and carbolic, sometimes thrown maliciously into the eyes and often splashed into them by accident. The lids are fortunately more likely to suffer the brunt of the attack than is the eyeball. In the latter case we have suppurative perutitis and symblepharm to fear—in the former ectropium. If we see the eye immediately after the accident we may attempt to antidote the acid with bicarbonate of potash or soda (gr. 8 ad. fʒ j) otherwise, washing out with large quantities of tepid water, oil and cold compresses are called for.

Vinegar is a frequent cause of suffering and even of danger to the eye from the ophthalmia set up. It should be washed out at once with large quantities of water.

Too generous an application of nitrate of silver must be washed out and antidoted with salt water.

Custom requires me to add that in connection with the treatment pointed out above, the indicated homœopathic remedy should be given, and experience points to *acon.* for nervous symptoms and superficial inflammations; *arnica* for deeper ones; and *hepar* for suppurative processes, while pains are often amenable to *caust.*, *canth.*, *urtica urens*, *cham.* and *coffea*.

It would perhaps be well before closing to add that in leucoma, staphyloma corneal, symblepharon anchyloblepharon and ectropium, according to our present lights, internal medication is in vain, and that no less futile is the attempt to antidote chemical effects by the chemical antidotes dynamically applied.

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## OBSTETRICS IN THE VIENNA HOSPITAL.

BY S. W. S. DINSMORE, M. D. SHARPSBURG, PA.

[Read before the Homœopathic Medical Society of Allegheny County, June 10th, 1887.]

I can probably say nothing new of Vienna to many of you, but as I was most interested in the obstetric wards, I will try to describe the

process of delivery and immediate attention to the mother and the new-born child. The obstetric department of the General Hospital of Vienna, known as the Allgemeine Krankenhaus, is divided into three wards, one under Gustave Braun, one under Professor Breickly, and the other under Carl Braun. Gustave Braun's ward is devoted entirely to the Hebamme, or midwife; Breickly's more to theory, and Carl Braun's to the advanced students and physicians. The greatest number of American students are to be found in Carl Braun's wards. The patients, about thirty per day, go into one of these three wards in rotation; all for twelve hours into one, and the next twelve hours into the other, and so on, making the income, or *aufnahme*, come in each ward every thirty-six hours. The patients first receive a bath, and then are examined by one of the assistants, who makes the diagnosis as to the time of labor, and, if they are residents of the city, and are not within a few days, they are advised to go home and return at a given time; but as many of them are from quite a distance they are allowed to remain in the hospital. They may be seen for several days about the hospital before their confinement, and afford material for the private touch courses, and they do considerable of the labor in the ward. As one American remarked, "they are virtually 'hewers of wood and drawers of water.'" When labor begins, they are brought down to the delivery room, and all clothes removed, except a chemise; a sheet is put around each leg, allowing the genital organs to be in full view, and the vagina is touched with a two per cent. solution of carbolic acid. After an examination by the midwife, the patient lies on her back, and labor is allowed to go to its termination. It is rarely that the midwife puts her fingers within the vagina after the first examination. When the head reaches the perineum, the woman is turned on her left side and the perineum is supported by the right hand, the left is put on the child's head to prevent too rapid expulsion. When the perineum is greatly distended, the woman is told to open her mouth and breathe quietly until the head gradually passes through the vulva. In extreme cases of rigid or long perineum, it is cut with a blunt-pointed bistoury, and repaired immediately after labor is completed. They claim only about three per-cent. of ruptured perineums. The woman's right foot is put into the hollow of her left knee and held by an assistant. As soon as labor is completed, the woman is covered with a sheet and no more attention is paid to her for fifteen or twenty minutes; occasionally the midwife puts her hand over the abdomen to ascertain if the womb is properly contracted. At the end of that time, she grasps the womb with her left hand, and, by forcing



downwards and backwards with a firm hold of the body of the womb, the afterbirth is expelled and caught with the right hand and turned entirely inside out and examined, and, if all right, is dropped into a pan ready to receive it. Another pan, with a wide rim, is put under the patient, and her vagina is washed out with a two per cent. solution of carbolic acid; the external organs are carefully washed and freed from clots; she is made dry, and allowed to lie quietly for an hour. In the meantime her temperature is taken, and if found normal and there is no flooding, she is taken upstairs to remain ten days, when she is allowed to leave the hospital. In case the temperature is above 99° before the birth of the child, she is taken into a separate room, and the external organs and the vagina are thoroughly disinfected with a solution of merc. sub. cor., one part to two thousand, the hair shaved from the external organs, and salycine given internally, and she is carefully watched until after-labor, and is not allowed to go into the ward with other patients. On the whole I think there is a smaller number of difficult labors met with than one sees at home. It is seldom that the patient makes much outcry. What they are most anxious about is whether the child lies right or not.

Immediately after the birth of the child, the umbilical cord is tied with red tape, and cut about two and a half inches from the body. The child is then washed and weighed; a drop of a two per-cent. solution of nitrate of silver is put in each eye, and it is dressed. The cord is turned back against the body and tied in a loop with the ends of the tape, and is simply laid in a piece of muslin. The child is now dressed. First, a roller, then a shirt, then a napkin; then the child is laid upon a square piece of quilted calico, the lower corner is drawn up over its feet, the other corners are drawn over and laid on top of each other, a long roller is wrapped around the whole bundle and tied in front, a cap is put on, and a card pinned to it on which is its mother's name, with date of entry, date of birth, including exact time, weight, etc., and it is given to its mother and allowed to remain with her until it is taken to the chapel to be baptized. If all is well the student sees nothing more of the mother or child.

In examining a woman, it is first necessary to wash the hands and brush them with soft-soap and water containing a two per cent. solution of carbolic acid, then dip the hands into a solution of permanganate of potassa, rinse them off in a strong solution of salt water, and anoint the fingers with vaseline. This process has to be gone through with before each internal examination. In the private touch course each student is expected to make a diagnosis of the position of the

child, its head and the heart beat, and even with considerable experience some very amusing blunders are made, as your diagnosis is either confirmed or disproved before all present at the birth of the child.

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### A SHORT STUDY IN INFANT FOODS.

BY O. EDWARD JANNEY, M. D., WASHINGTON, D. C.

Whatever may be the reasons—and often they are imperative—it is certain that many infants are “raised on the bottle”; a method of raising which would seem to have uncertain elements in it from several points of view—physical, moral and medical. Many members of the human race are in the position of the anti-evolutionist mentioned by Prof. Fiske, who declared he was “neither a mammal nor the son of a mammal,” and who, the Professor concluded, must have been raised on the bottle.

When it is decided that a mother cannot nurse her infant, some kind of artificial food must be given, for in nearly every instance no suitable wet-nurse is obtainable or available. Few of our patients are millionaires, and even these may be prejudiced. We may then throw out of consideration the question of wet-nursing, and take a plunge into the great ocean of artificial foods. No special elaboration is required as to the importance of the question; the well-being, and even the life, of the infant depends on the food recommended by the physician, and fatal results may follow a careless prescription.

As to most infant foods I regard them as being of small value to the infant, believing them to be little else than cracker-dust or roasted flour, or else the dextrine—starch changed into glucose through the action of the diastase of malt.

Into the first of these two classes fall “Ridge’s Food” (77 per cent. starch), “Hubbell’s Wheat Food” (67 per cent. starch), “Blair’s” (64 per cent. starch), and the “Imperial Granum” (78 per cent. starch). All the so-called “foods” sell for four or five times their real value, and being chiefly starchy food are entirely unfit for the use of infants under three or four months of age, they having imperfect power of digesting starch and cannot dispose of much dextrine; while the use of this class of food for infants over four months is subject to the objection that starchy food alone will not nourish the body properly.

Of the other class, containing glucose, the foods best known are “Mellin’s” and “Horlick’s,” and of this class the following comment is made by Dr. J. Lewis Smith: “I have been led to doubt, from clinical observations, whether this complete conversion (of starch into



glucose) is desirable. Indeed, I have sometimes thought, in treating the summer diarrhoea of infants, that the large amount of glucose contained therein had a laxative effect." Others have noticed the same effect. This, however, might be of advantage with children of a constipated habit.

A third variety of infant foods consists of glucose combined with the solid ingredients of milk. In this class come "Carnrick's Food," and probably "Nestle's" and "Gerber's Milk Food." This variety is nearer substitute for human milk than those before mentioned, and their analyses closely resembles human milk. We need not expect, however, that it will be possible to find, among all or any of these goods, one which is identical with mother's milk. An axiom might be made here—Substances which are identical chemically are not necessarily identical physically. And where the only true test is applied to these foods—*i. e.*, whether they will support life as well as the natural food, the answer is not satisfactory.

When it is necessary to raise an infant by hand, the first article that comes to mind is cow's milk. It has advantages and disadvantages. It is *milk*; a physiological product resembling human milk closely; it is always at hand, cheap, pleasant to the taste of most children, and, when it agrees with the child, supports life and nourishes the body admirably. It has only one fault which is not easily overcome—there is too large a proportion of cheesy matter, and this is apt to be coagulated in the stomach in masses, thus leading to disturbance of stomach and bowels.

Overcome this difficulty, and we shall have in milk a food for infants that will answer every requirement. How is this to be done?

None of the methods proposed are entirely perfect, but a result may be reached which is fairly satisfactory:—

*Boiled milk.*—Boiling milk removes the difficulty to a considerable degree, but in the process the heat changes the character of the milk somewhat—it is not then so similar to mother's milk.

*Evaporated milk.*—This product, now on sale in large towns, is prepared by heating with steam fresh cow's milk until most of the water is driven off. So made, it will keep good for about eight days, and when the original amount of water is added it forms an excellent food of a uniform character, and having been originally raised to near the boiling-point of water, will act in the stomach like boiled milk. When cow's milk does not agree or cannot be had of good quality, try evaporated milk.

*Condensed milk* has been subjected to the action of heat, and has

the serious objection of a large amount of cane sugar, added to preserve it. Sugar in this form is not suited to the infant stomach, and by setting up fermentation leads on to ruin. Condensed milk is usually diluted too much; there is an actual loss of eighty per cent. in water by measure, and if, therefore, to one teaspoonful there be added four of water, the product is about the strength of rich cow's milk.

A formula like the following may be found useful, as some brands of condensed milk have been found to be different from others in fat, caseine and salts:

R. French cream.....	oz. 4	or 2	tablespoonfuls.
Condensed milk.....	oz. 4	" 2	"
Lime water.....	oz. 2	" 1	"
Water (hot).....	pt. 1	" 8	"

*Milk and glycerine.*—It has occurred to me that a great gain would be made if some inert substance could be used to preserve milk in a condensed form, taking the place of sugar.

This substance must be cheap, harmless and preservative, and the only article which presents itself to my mind as filling these conditions is *glycerine*. By experiment I have been able to keep milk good for weeks by condensing in connection with this agent.

*Milk and glucose.*—According to my experience, the best of all food for infants is milk and glucose. Glucose is made in various ways, by boiling flour in a bag (the flower ball), by roasting flour of wheat or other grains, etc. Nearly every infant food in the market contains it, and when this substance is added to cow's milk the casein is thrown down in the stomach in soft flakes similar to human milk. Hereby the "cheesy problem" is overcome. At the same time the glucose makes up, to a degree, for the lack of sugar in cow's milk.

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## Translations.

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### DIAGNOSIS OF CEREBRAL DISEASES.

BY PROF. NOTHNAGEL. VIENNA.

[Translated for the *Hahnemannian Monthly* from the *Allg. Med. Central Zeitung*, 35-40, 1887, by S. Lillenthal, M. D., of San Francisco, Cal.]

It is very difficult to do full justice to such a large theme, and it must suffice at present to take up a series of symptoms and to show their diagnostic value.

Griesinger in his time taught us to differentiate between diffuse cerebral symptoms and focal symptoms; for example, ambly-



opia, or final amaurosis, accompanying choked disk, is a diffuse symptom, because it fails to elucidate the seat of disease; on the contrary, hemianopsia is an exquisite focal symptom, because we know that the disease is in the chiasma or behind the chiasma, or in a certain part of the occipital lobe.

Diffuse cerebral symptoms are usually those which attack the whole organism, or which manifest themselves on both sides of the body, though there may be some exceptions to this rule.

When we try to give a diagnosis of a cerebral disease we ask ourselves about the nature of the disease and where it may be seated; in relation to its nature we may have to deal with a meningitis, abscess, softening, hemorrhage, or a tumor, etc., and then we try to localize the disease. In fact, it is easier to make the topical diagnosis than to tell for a certainty the nature of the affection. It is immaterial how to begin, though it is more to the purpose first to localize it and then to find out the nature of the morbid process. In cerebral affections the diagnosis is far more difficult than in diseases of other organs. When we diagnose from an examination of the urine a cirrhotic kidney, the localization is given and I have only to diagnose the nature of the disease; and when I diagnose cirrhosis of the liver there is great probability that the whole liver is affected. The same happens in cardiac affections, *e.g.*, I hear a presystolic murmur at the apex of the heart and an increase of the second pulmonary sound, and I am nearly positive that the affection is on the mitralis and that we deal with a stenosis. Only secondarily we consider whether it was produced by an endocarditis or as the sequela of an atheromatosis of the valves. But in cerebral diseases the localization is of the first importance. We need not ask it in a meningitis, but in all other processes my first question is, which part is affected?

Since we know that in the disturbances of speech of paralytic patients changes take place in some parts of the central nervous system, we are not satisfied with the diagnosis of progressive paralysis, but we try to know which parts are especially injured.

Let us begin our studies with some manifestations, belonging to the diffuse symptoms, and let us consider the reflexes in cerebral diseases.

What are the relations of the *normal reflexes in coma apoplecticum*? With the word apoplexy, *insultus apoplecticus*, I connect the idea of a clinical state, not an anatomical part. In many works we read, "cerebral hemorrhage," and in parenthesis (cerebral apoplexy) or *vice versa*. The word has lost its original intention and was put on a different object, as it has been done also with other words, as cirrhosis.

Kirros means yellow, but cirrhosis now means proliferation of connective tissues. We speak of a cirrhotic kidney and some even of a cirrhotic spinal cord. Thus the idea of a color is transferred to a histological state. Originally apoplexy meant the sudden loss of consciousness with total resolution of the body *cum respiratione magna et stertorosa*. This last addition is important, for sudden unconsciousness is also observed in syncope, or *petit mal*. At any rate apoplexy is a clinical idea, and we also speak of apoplexy where embolism takes place, unconsciousness sets in and he comes out of it with hemiplegia. There was an apoplectic insultus, but not a cerebral hemorrhage; but in consequence of an embolus apoplexy may also set in in thrombosis, in tumors and in other processes.

In such an *insultus apoplecticus the cutaneous and tendon reflexes are suspended*, but how that happens we hardly yet know. The reflexes emanate from the spinal cord; if I tickle the sole of the foot and it twitches, we consider it a spinal reflex. Why is this reflex omitted in apoplexy? Shock was brought forward as the cause, but this explains nothing. Trousseau calls it a concussion of the nervous system, and it may originate from an inhibition acting from a circumscribed spot upon the whole nervous system. Goltz showed that if we divide the spinal cord of a dog in the dorsal part, the reflexes cease during the first hour and then reappear. Several years ago I made experiments in relation to tendon reflexes in apoplexy, as birds give beautiful reflexes on the toes. By injecting paraffin under the skull of a pigeon, or by destroying the brain by cauterization, the reflexes cease just as in man after an *insultus apoplecticus*, and they return as soon as the animal regains consciousness, just as man gradually recovers from his coma.

A person in deep coma is found in the street, and for the moment no anamnesis is possible. It may be from uræmia, from drunkenness, from poisoning, or from cerebral disease. Let us suppose that alcoholic intoxication can be excluded, and finally a conclusion of a cerebral affection seems the most probable. It would be of the utmost importance to find out whether hemiplegia is present, or whether there is that deviation *conjugée des yeux*; but we have to wait for that, and we must study the relation of the reflexes; we fail with that of the soles, of the cremaster, of the abdominal walls, and of the mammary one.

The cremaster reflex is the most important one; it is the typical example of a reflex, and specially well defined in young boys. When we move our hand over the inner surface of the thigh, the



cremaster on that side pulls up the testicle. We most frequently succeed also in producing it in adults. If mere motion fails, let us use strong pressure on the inner surface of the thigh, and we may still cause a stronger effect. The reflex of the abdominal walls can only succeed where the muscles are strong and the walls kept tense. We take a lead pencil, or any other handle, and move it on one side over the abdominal walls to the navel, and we find that the umbilicus is drawn to that side which was used for the experiment. The mamillary reflex consists in that by irritating the areola, the mamilla becomes erected.

When we find in a case of coma apoplecticum, where the reflex of the patella and of the sole of the foot is gone, but we produce the cremaster reflex on one side of the body, but not on the other, we may conclude that we have to deal with a lesion of that side of the brain opposite to that where it is suspended. Several times the opportunity presented itself to prove the practical importance of these symptoms. When the patient awakes from his apoplectic coma and consciousness returns, the tendon reflexes are restored, eventually even in the paralyzed leg, but the patellar reflex remains unchanged. Then comes sometimes a period where the patellar reflex begins to grow stronger, and there is also an increase of the triceps-reflex. Several years ago I put down as an axiom, confirmed by other authorities, that after the first week, according to the seat of the disease, the tendon reflexes increase, which may give us a hint on the localization of the morbid process; a lesion of the lateral pyramidal tract (*Pyramidenseitens-trangfaserung!*) At an earlier stage even, may this increase of the tendon reflexes be noted on the affected side, sometime after twenty-four hours, but the cause of it we do not know. Finally the reflexes increase more and more, and we witness that when a hemiplegic patient sits on a chair and supports the foot only with his toes the tremors do not cease. The increase of the reflexes at a later, period is brought in connection with the well-known anatomical proofs of secondary regeneration of the fibres of the lateral pyramidal tract on the side of the paralysis.

Let us take up another symptom—the *conjugated deviation of the eyes and of the head*, where the patient deviates the axis of his eyes towards one side, (and in many cases the head is also turned to the same side,) which is always a diffuse cerebral symptom, wherefrom we never can elucidate the seat of the disease. We find it in many cerebral, basilar or cortical affections. A man has unconsciousness in coma apoplecticum, and we find with the abolition of the reflexes, also conjugated deviation,

hence there is great probability that the cerebrum suffers. But there are cases where it may appear without organic lesion. Thus we meet this deviation of the axis of the eyes and of the head in epileptic fits, in cerebral hyperæmia and anæmia, in lesions which are transitory; let us find out what are the anatomical changes producing this deviation. In hæmatoma of the dura mater, in meningeal hemorrhages, in encephalomalacia, in tumors of the brain, in intra-cerebral hemorrhages, etc., we meet with this symptom. Wherever the hemorrhage may be, the symptom remains the same. It is of importance to know on which side the lesion is seated, when the deviation turns to one or the other side, and Westphal showed that the deviation turns to the side of the lesion, as when the deviation turns to the right the focus will also be found on the right side. Still there are some exceptions to this rule; the head may be turned to the left and the eyes to the right. This deviation may be considered as a symptom of irritation, and passes off with the disappearance of the coma, as the greatest opposition is witnessed in the muscles of the neck and throat at every attempt to turn the head.

A peculiar kind of squinting is also observed in cerebral diseases. It is neither strabismus convergens nor divergens; but the eyes take a position which we meet in a chameleon—one eye looks outward and downward, the other upward and inward, and both eyes are fixed in that position. This manifestation was observed in diseases of the *crura cerebelli media*, and is a focal symptom.

Motory disturbances must be divided into—1st, symptoms of irritation, and 2d, of paralysis. Symptoms of irritation are met in cerebral diseases as general convulsions, tremors, paralysis agitans, athetosis, contractures. General convulsions may be a symptom of a diffuse disease, or a focal symptom. Clinically they possess only rarely the importance of a focal symptom, and there are only two conditions where general convulsions allow the conclusion of a focal affection. There are cases where an insultus apoplecticus sets in with general convulsions, as where a hemorrhage takes place in the pons, though Küssmaul and Tenner thought that it was in the medulla oblongata. We hear that in a hemorrhage into the pons we meet *high graded myosis*; and general convulsions under such relations take on the condition of a focal symptom; but we have also other signs known as symptoms of the pons, as *hemiplegia alternans*, where we meet paralysis of the facialis on the affected side, and paralysis of the extremities on the opposite side, though this need not always be the case, as it only appears when the focus of the disease is in the



medullary or lower portion of the pons. In affections of the pons we also meet paralysis of other cerebral nerves, as of the hypoglossus, abducens, trigeminus. But where, with the appearance of general convulsions at the beginning of an apoplectic insultus, high-graded myosis is absent, we are not justified in blaming an affection of the pons for it.

The local affection of the central convolutions is not followed by eclamptic attacks at the beginning of an apoplectic insultus, but when there was one, convulsions may develop at a later period, having the appearance of an epileptic fit; they do not set in immediately after the apoplectic attack, but somewhat later. Such is *Jacksonian epilepsy*, first described by Hughlings Jackson; it is clinically well characterized by its typical beginning and by its course; whereas, in genuine epilepsy the convulsions set in without order, the twitchings in Jacksonian epilepsy always begin in one and the same group of muscles. When the disease is seated at the lower end of the central convolution, the twitches begin in the tongue, or the face; when seated in the central part, in the arm; and where the lesion is in the upper part of the central convolution, the twitches begin in the lower extremity. These convulsions arise from the cortex. Of great interest is another clinical manifestation. A physician of Geneva relates a case where a patient always could suppress the twitchings by firmly ligating the arm. In that case there had been a lesion corresponding to the central convolution, and it demonstrated that it is possible to inhibit such twitches, which arise from centrifugal causes, by centripetal irritation—a reflex.

In other cases *eclamptic convulsions can only be considered as a diffuse, and not as a local symptom*. Under certain conditions they may appear in general cerebral anæmia, but they are only observed where this cerebral anæmia sets in suddenly, and the patient must have some strength left. When we allow an animal to bleed to death slowly, or where the animal is in poor condition, general convulsions will not set in. Epileptic twitchings may appear, *e. g.*, in severe intrapartum hemorrhage, in hemorrhages from wounds of large arteries, but we never witness general convulsions in an hydrocephaloid state in persons reduced in health; such patients lie rather quiet in deep stupor or coma, and perish without apoplectic twitches. Nor do we find such twitchings in anæmia from carcinoma, tuberculosis or pernicious anæmia.

Just as in cerebral anæmia, so also twitches are occasionally observed in cerebral hyperæmia, and Andral mentions one form

where epileptic convulsions were observed. In venous hyperæmia convulsions may also be seen, but they are not alone caused by the hyperæmia, for in high-graded venous hyperæmia there is at the same time a high-graded arterial anæmia; a surplus of carbonic acid and arterial anæmia lead then to convulsions. Thus we know that patients with bronchial asthma become unconscious during the attack, and may suffer from general convulsions from cerebral hyperæmia.

We see occasionally convulsions at the appearance of apoplexy, and the hemorrhage must have been a severe one. Formerly it was thought that the rupture discharged the blood in the lateral ventricles and thus the twitchings arose, but such is not necessary, only the hæmorrhage must be considerable.

Convulsions also appear in meningeal *hemorrhages*, in *pachy-meningitis*, in *basilar hemorrhages*, when the loss of blood is a large one. It compresses the blood vessels, and a diffuse arterial anæmia is the consequence. Convulsions are also observed in *tumors*, where they may have the value of a focal or of a diffuse symptom. The twitchings in tumors often coincide with an apoplectic fit, and we deal here mostly with a vascular tumor; the hæmorrhage never takes place into the tumor, but it causes cerebral anæmia and convulsions.

In progressive paralysis we meet apoplectiform, epileptiform and syncopal attacks; sometimes there is only a fainting spell, from which the patient awakes again, or there may be an apoplectic fit, leading to paralysis or hemianopsia which gradually passes away. Epileptiform attacks are more frequently observed in multiple sclerosis, in paralysis agitans or tabes dorsalis, though the other may also be observed. In multiple sclerosis foci may form in the central convolutions or in the pons; but we know very little yet about their origin in paralysis agitans or tabes dorsalis.

#### DIAGNOSIS OF CEREBRAL DISEASES.

Motory manifestations of irritation of different sorts may appear after cerebral hemorrhage or after softening. Contractures on one side of the body follow. We meet them after hemiplegia, when the lateral pyramidal tracts are injured, especially in lesions beginning at the cortex and extending to the pons; hence in lesions (1) of the cortical centres; (2) on the fibrillary radiation of the medullary substance; (3) on the internal capsule; (4) on the pedunculi cerebri and pons. These contractures arise from secondary degeneration of the lateral pyramidal tracts; are more extensive on the upper than on the lower extremities, and possess that diagnostic value that from their



presence we may be sure of a lesion of the cerebral lateral pyramidal tract.

A second manifestation of motory irritation, remaining after focal diseases, is a tremor on one side of the body which may even increase to a shaking. Lithetosis may also appear as a symptom of simple post-hemiplegic irritation. Hemi-chorea has also been observed. Yet all these symptoms give us no clue to the nature of the disease nor to its seat. It is said that hemi-chorea and lithetosis appear especially when the thalamus opticus is suffering, especially the fibres running through the posterior part of the internal capsule; but this needs confirmation.

In relation to its origin I opine that all these symptoms of irritation may pass from one into another. Another symptom, described by Magendie as forced motions (*Zwangsbeevegungen*, *movements de manège*), must be mentioned, where the patient is forced to go in a certain direction, mostly backwards. Some consider it a disease of the cerebellum, but this is not always the case, as in one of my own patients we found a tumor in the cerebral hemisphere. But is there really a force employed to make these motions? We consider this backward motion a vertiginous sensation; the patient has vertigo, which pulls him in a certain direction. He fears to fall and moves backward to prevent it. In other cases such a vertiginous sensation may lead to lateral motions; in others to rotatory ones, but the patient is never forced to perform them. In the rotatory (*circus*) motions the patient does not go in one direction to the place he wishes to reach, but in an arc, as only with great difficulty he can counteract the vertigo. Its seat we do not know. When this symptom is of great intensity, the *crura cerebelli media* were the seat of the disease. When we divide in animals the *crus cerebelli medium*, the animals roll themselves around their longitudinal axis and envelope themselves with the hay given them for their bed; and in the case of a patient there was found an exostosis irritating the *pedunculus cerebelli medium*. Forced lateral motions are also described, where the patient always takes the same lateral position, to which he is sure to return if put on the other side. This is also the case in diseases of the *crus cerebelli medium*, and also the consequence of the vertiginous sensation. In other cases the patients run forward; in one of these cases a tumor was detected in the pons, and Friedreich mentions one, where a tumor was found on the convexity of the brain, and where the patient showed this forced forward motion. There is another disease, where the patients really run forwards, but not from force. This is

the paralysis agitans; but here it is produced by muscular spasms in the lower extremities, and not by vertigo. The patients, considering themselves in danger of falling, run forward in order to prevent it.

Symptoms of motory irritation are also observed at the beginning of meningitis. We meet here strabismus; twitchings in the facialis, etc., at first, and at later stages other symptoms of irritations. The epileptiform convulsions of children, as well as adults, are a frequent symptom before death, and we deal here with an irritation of the motory cortical centres.

In relation to paralytic manifestations it is of importance to differentiate between indirect and direct paralysis; between indirect and direct local manifestations. It may happen that after an apoplectic insult, the paralysis of the upper and lower extremity retrogrades in the course of a few days and nothing remains but perhaps a monoplegia of the facialis, and aphasia, and post-mortem examination reveals a cyst at the lowest end of the central convolution and in the posterior part of the third frontal convolution. In such cases we consider the paralysis of the upper and lower extremity as an indirect paralysis, and the paralysis of the facialis and the aphasia as a direct paralysis.

In speaking of the diagnostic importance of visual disturbances, ophthalmoscopic examinations loom up in their full value. Cohnheim and Graefe taught us how to look for tuberculous nodes in the background of the eye, and wherever we find them the diagnosis of meningitis is assured. Of equal importance for a simultaneously existing cerebral disease is the detection of a cysticercus in the eye. Chancres in the retina are of value for the diagnosis of the nature of the process, though of none for its localization. Neuro-retinitis, with its choked disk, is found in several cerebral disorders, in tumors, chronic hydrocephalus, meningitis, more rarely in abscesses. Choked disk is of importance, as it has been observed in 90 per cent. of all cerebral tumors, and whenever absent, we must weigh carefully the diagnosis of a cerebral tumor. This is closely connected with the origin of choked disk, which is a swelling of the optic nerve, strong filling and swelling of the retinal veins and a narrowing and nearly emptiness of the retinal arteries. It happens only rarely that a small tumor exists with choked disk. A person has severe vertigo, which troubles him constantly, vomits and oscillates in walking as if he were drunk. We surmise then the seat of the disease in the posterior part of the cranial cavity. We cannot detect any paralysis of the abducens, facialis, etc., no paresis of extremities, no anæsthesia. From the absence of paralytic symptoms we conclude that the tumor must be a small one. We find



now a large choked disk and we diagnose that the vena magna Galeni is compressed by a tumor. Whenever this vein is compressed, a dropsy by stasis takes place in the lateral ventricles, leading to the development of choked disk. In most other cases it is a symptom of a large tumor.

The second process, where choked disk is observed, is chronic hydrocephalus, and, very rarely, in abscesses of the brain. In all cases of choked disk we find an increase of intra-cranial pressure, causing dropsy in the vaginal space of the opticus.

Bouchut already hinted of the changes which are found during meningitis in the background of the eye. A usual choked disk and neuro-retinitis, in consequence of neuritis descendens, appear here combined.

In cerebral affections we also meet atrophy of the opticus, as in multiple insular sclerosis. Atrophies often develop themselves also in meningitis sclerotica. Only exceptionally it is of primary origin, after a trauma, mostly from syphilis, chronic-alcoholism, tuberculosis. In meningitis sclerotica the atrophy of the opticus arises from constriction of the nerve, which thus perishes. In tumors we also meet occasionally atrophy of the opticus, when the tumor is at the base and touches directly the nerve; but it may also happen that other symptoms rather contradict the existence of a basil tumor, though atrophy of the opticus is detected, and we may then surmise that in consequence of a large reduction in space a considerable hydrops-ventriculorum is present, which causes a compression of the opticus, or, rather, of the chiasma. Atrophy of the opticus may also appear secondarily from a neuro-retinitis, which can only be detected by a thorough ophthalmologist.

We have to speak yet of *hemianopsy, mental blindness and color blindness*; but as these have only focal importance, and fail to aid us in the diagnosis of the nature of the disease, we will return at a later period to them.

One of the most general symptoms of cerebral diseases is *headache*; and still there are certain morbid states which run their course without headache, especially hemorrhage and softening. Neither at their beginning nor during their further course does the patient complain of headache, and the presence of severe headache would give us a hint against diagnosing hemorrhage or softening. In tumors, on the contrary, headache is nearly always present, but we do not know yet how it arises. We know that the dura is very sensitive, and that the pia possesses only a slight degree of sensitiveness; and that the substance

of the brain lacks all sensitiveness; for it may be burned, cut, lacerated without the animal giving the least sign of pain. Hence, with the exception of these cases, where a neuralgia of the trigemenis exists, we must look for an explanation of these headaches to the dura, perhaps also to the pia. Hemicrania is caused by a vascular spasm. At any rate, we consider the tension of the dura in cerebral tumors of great importance in relation to the genesis of the headaches. In affections of the liver, with rapid and considerable enlargement of that organ, the substance of the liver itself is hardly ever very sensitive; the pains are in the tense capsule. We see the same in the spleen; when this organ increases rapidly during an intermittens, it becomes sensitive through the tension of the capsule. Thus, also, tumors cause great tension of the cerebral membranes, and the great tension of the dura may cause the headache.

Of other processes, usually accompanied by headache, we mention the inflammatory processes of *pachymeningitis* and *heptomeningitis*. We meet cases of meningitis where the patients complain very little of headache, and still the disease may be of such severity that the patient perishes in a few hours; and again, the patient may suffer from the most excruciating pains, and still the anatomical changes may be trifling. The intensity of the headache may, therefore, not stand in any relation to the intensity and extent of the process. Equally changeable is the sensitiveness of the external coverings of the skull to pressure and pulling. Sometimes the patient is very sensitive to a slight pulling of the hair, to a mild percussion of the head, and at other times not the least complaint is made about it.

There are other processes running their course with more or less intense headache, as cases of *chronic hyperæmia* and *chronic anæmia*, the latter probably causing also the headache in chlorosis. But a person may again suffer from pernicious anæmia in a high degree, and still never complain of headache. In patients with carcinoma the percentage of hemaglobine may fall as low as 30 to 35 per cent, and still no headache, and patients with morbus Addisonii suffer not from headache, in spite of the considerable anæmia. What, then, causes the headache?

That chronic hyperæmia causes headache is well known, whether the hyperæmia is arterial or venous. Of other diseases, only some are combined with headache. In *multiple insular sclerosis* the patient hardly ever complains of headache. In *cerebral abscesses* of long duration the patient may suffer from severe headache or be entirely



free from it. In the former there is great tension of the dura; in the latter it remains as a caput mortuum in that part of the brain.

In relation to localization, headache gives us no clue. One may suffer from frontal headache, and the tumor may be seated in the cerebellum; headache on the left side, and tumor on the right side; a diffuse headache and a circumscribed tumor. In general we might say the headache is felt about the seat of the tumor; only, too many exceptions are noted.

*Vertigo* depends less on anatomical change, and is therefore a diffuse symptom. It appears in affections not seated in the brain, as gastric, aural vertigo, etc. When emanating from the brain, it is a symptom of many cerebral diseases—hyperæmia, anæmia, tumors, and, therefore, of relatively slight value for diagnosis.

Only one kind of vertigo is of great diagnostic importance, which is also a focal symptom, the vertigo in diseases of the *processus vermiculares cerebelli*. It is more excessive, so that the patient also suffers from it in the horizontal position in bed. Another symptom is the oscillation, *la titubation cérébelleuse*. Vertigo may be the prodrome of apoplexy, may appear after an embolic softening, in tumors, in multiple insular sclerosis, with anæmia or hyperæmia, in pachymeningitis and leptomeningitis, but of characteristic importance vertigo becomes only in connection with *titubation cerebelleuse*. Just the same may be said of *vomiting*, which in cerebral diseases is only rarely of importance, it may be more of a hint for a local affection than for the diagnosis of the nature of the disease. Vomiting may appear wherever there is a change in the cerebral circulation, producing an irritation in the centre for vomiting, situated in the medulla oblongata, as in fainting spells, in tumors, hemorrhages, etc. The most interesting vomiting is that observed at the beginning of meningitis, where anæmia certainly can be expected. Some suppose that it arises by reflex, by irritation of some part at the base of the fourth ventricle. When continuing some time it gains in importance as a focal symptom, and we may diagnose therefrom a malady in the neighborhood of the centrum of vomiting, as, *e. g.*, a tumor, emanating from the cerebellum and compressing the medulla oblongata, a tumor in the medulla oblongata or in the pons.

In relation to *febrile symptoms* we never meet high grades of fever in cerebral diseases. It is interesting that in meningitis we may either meet a very high temperature or very little fever. The highest temperatures are met in infectious meningitis, in meningitis cerebro-spinalis and in meningitis accompanying pneumonia. In relation to the slight

rise of temperature in meningitis we find a similar state in peritonitis. A meningitis may become fatal, though the temperature never rose above 39 and oscillated between 38.5 and 36. We meet a rise of temperature in cerebral abscess, or in phlebitis sinuum. In the latter we have septic fever with pyæmic chills, and the rise does not depend directly on the phlebitis sinuum, but only indirectly, as emboli often reach the lungs from the sinus. We also meet a rising temperature in progressive paralysis in connection with the apoplectic fits during the course of that disease. The pulse, as a sure criterion for a certain disease, is of little importance, and still in concrete cases it is of value, as the slowness of the pulse at the beginning of meningitis, but in the third stage becoming rapid on account of the paralysis of the vagus. There are such cases, but there are others where the pulse-symptoms do not agree with the other symptoms of paralysis and irritation. We know that persons in agony may show a pulse of 140–150, and at the same time the abdomen be drawn in in the shape of a boat—most certainly a symptom of irritation. In other cases the pulse may be retarded, though symptoms of paralysis were observed for a long time.

Richardson described a symptom, the peculiar arhythmia of the heart. We observe, *e. g.*, a pulse of 80, after three minutes it rises to 120, and after a few minutes we count only 90. The frequency of the pulse may, therefore, oscillate during a few minutes between 30 and 50 beats, caused by a changeable irritability of the vagus-centre in the medulla oblongata. Whether this changeability is caused by a tumor, a large hemorrhage or hydrocephalus acutus does not make any difference; it appears when the physiological cause presents itself.

*Respiration* is not of great importance in relation to cerebral disease. In apoplexy we meet *respiratio magna et stertorosa*; stertorous on account of the paralysis of the velum palati. The *Cheyne-Stokes phenomenon* may be witnessed in most different processes and is not a peculiarity of cerebral disease alone. It is seen, *e. g.*, in fatty heart and was originally put down as a characteristic symptom of that disease. In cerebral disease we meet it only when the irritability of the vagus is changed. It may appear during normal relations of pressure inside the cranium, in coma apoplecticum, in later stages of meningitis, in tumors. It hardly gives us a hint for the diagnosis of the disease nor for its localization. In the fatty heart it is also caused by the anæmia of the medulla oblongata.

In relation to *disturbances of speech* in the course of cerebral affections we find that *aphonia* is rare. Paralysis of the vocal chords,



unilateral or bilateral, is therefore so rare, because the locality whose lesion the symptom is, does not become affected so often, and whenever it happens, a fatal issue may be expected, for its centre is in the medulla oblongata. It may set in in the course of bulbar paralysis or in multiple insular sclerosis.

Of great importance is *dysarthria* (thus called by Leyden) in contradistinction to *aphasia* and *dysphasia*. Dysarthric disturbances are met in most diverse diseases and localizations. In relation to localization we meet them when the hypoglossus, be it at its origin or during its course from the medulla oblongata upwards to the cortex, is drawn into the morbid process, and the disturbance is of a less degree when only the hypoglossus of one side suffers. We meet it exquisitely in bulbar paralysis, where the dysarthria increases to anarthria, where the tongue lies flat at the bottom of the oral cavity. We also meet this dysarthria in progressive paralysis, manifesting itself by the well-known irregularity in pronouncing syllables (*silbenstolpern*). In other processes the hypoglossus is only unilaterally affected and the disturbances are therefore moderate. After an apoplectic insult, be it hemorrhage or softening, speech returns in a few days, because the uninjured hypoglossus probably equalizes the disturbance.

When the seat of the hemorrhage is in the capsula interna, in the pons, pedunculus cerebri, or the centrum semiovale, dysarthric disturbances may be found. These are curiosities which still need elucidation; thus Edinger described a case where an insignificant focus in the centrum semiovale caused a bilateral paralysis of the hypoglossus.

Dysarthric disturbances are also met in cortical affections. Lepine showed that in lesions of the lower parts of the central convolution the picture of the diseased state simulated that of progressive bulbar paralysis, and Rosenthal records a case where bilateral destruction of the hypoglossus caused complete paralysis of the tongue.

*Dysphasic disturbances* are mostly a local symptom, and may be of *motory atactic* or of sensory nature. Where the former prevail, the seat is in Broca's convolution, or an injury to the insula; in word-deafness, in a lesion of the temporal convolution. The nature of the process is immaterial. Dysphasia and aphasia may be transitory also in other processes, as in progressive paralysis, in epileptic attacks, as a sequela and a hysteria.

It is always an important question whether we have to deal with a hemorrhage or with softening, for nobody will advise venesection in a patient suffering from softening, whereas, we might think of it in a hemorrhage. In case of an apoplectic fit our first question will be

in relation to the age of the patient. Where the man was between 30 and 40, always healthy, the attack sudden, and we find hemiplegia, with absence of the cremaster reflex, we are pretty sure to have a local disease before us, a tumor, syphilis, an embolic malacia, or a hemorrhage in nephritis. A hemorrhage from miliary aneurism is at that age rare. More difficult to answer is the question in a patient between 50 and 60, though it is narrowed down to embolic or thrombotic softening and hemorrhage, considering softening a necrobiosis in the sense of Virchow. Excluding syphilis of the brain and tumor, we must decide between softening and hemorrhage. Age fails to give us a positive clue. In regard to anamnesis we learn that the patient off and on suffered from some sort of headache, and this would speak against softening. Emboly appears suddenly by the entrance of a coagulum from the heart or from an aneurism. Where a prolonged prodromal stage exists, emboly can be excluded—we examine the heart, we find no murmur, nor a considerable dilatation of the aorta and we exclude emboly.

Is it then a thrombotic softening, or a hemorrhage? Prodroma were present. The patient often complained of vertigo, of slight dullness of head, of headache. Meeting these symptoms in both cases we are put back upon a solitary and rare symptom, the sudden appearance of hemorrhage in the retina. Even the mode of the attack gives us no means for a decision. An apoplectic attack is rarely fondroyant, that the patient falls down and is found dead. Sudden unconsciousness occurs in petit mal and full epileptic fits, but is rare in hemorrhage, except the latter is in the medulla oblongata.

Where we meet turgor of the face, beating carotids, increased action of the heart, a high tension of the pulse, we certainly think of cerebral hemorrhage, but we meet it also in anæmic and cachectic persons. Neither the habitus apoplecticus nor the turgor are decisive for the diagnosis. Features change, the patient may have his usual color, or look pale, and the turgor is only of importance when accompanied by increased cardiac activity. The habitus apoplecticus is not exactly a fable, but most patients, suffering from cerebral hemorrhage, do not show it. In private practice we might sometimes meet it, as the patients are fond of good eating and drinking and of an easy life, whereas, in the hospital we meet people exposed to all the cares and hardships of life. Hemorrhages depend on the presence of miliary aneurisms and of diseased vascular walls, and both may happen on well-nourished plethoric, or in emaciated and poor people. The stronger the lateral pressure in the arteries, the sooner a rupture may



take place, and the tension is usually caused by cardiac hypertrophy in consequence of arterio-sclerosis, or a renal disease. A diagnosis of the former decides nothing for hemorrhage nor for softening. Some suppose that with a considerable sclerosis of the radialis the same must also exist in the brain and hemorrhage may be diagnosed. But, though true, sclerosis exists only in the arteries at the base, and when an aneurism burst there, it causes meningeal, but not cerebral hemorrhage. We also know that arterio-sclerosis frequently causes autochthonous thrombosis, producing closure of the arteria fossæ Sylvii and thus occasionally an apoplectic insultus. Any one in possession of a considerable sclerosis may also have cardiac hypertrophy. This may again increase the lateral pressure in the cerebral arteries and an inter-cerebral hemorrhage follow. Hence an arterio-sclerosis *per se* decides nothing for hemorrhage or softening.

When we find, during an apoplectic fit, sugar or albumen in the urine we may suppose that there exists a strong increase of intracranial pressure with retroaction on the fourth ventricle, hence, glycosuria and albuminuria, which is far more rarely the case in softening. A *respiratio magna et stertorosa* hints of hemorrhage. Formerly the seat of the paralysis was used for the diagnosis, and they said a right-sided palsy hints of softening, a left-sided one of hemorrhage, because an embolus finds more easily its way in the right arteria fossæ Sylvii, but we must not only consider emboly, but also thrombosis; both processes lead to softening, and a thrombus may arise in the left or in the right arteria fossæ Sylvii. Autopsies show that the difference between the sides is only trifling and the seat of the paralysis proves nothing for the nature of the disease. The fact that an agonal rise of temperature hints more of hemorrhage is so far not conclusive.

The duration of the attack may give us a hint, for a long duration speaks more for a hemorrhage than for thrombotic softening. We know furthermore that hemorrhages are far more frequent than thrombotic softening.

We must also consider another symptom, well known to recent observers, namely, *the false tension of an artery*, which is often observed in affections of the respiratory organs, as in pneumonia, and is caused by accumulation of carbonic acid in the blood. Carbonic acid acts on the heart like digitalis; it acts similarly on the vasomotory centre, stimulates the peripheric motory vascular nerves, and thus increases resistance. We witness something similar in febrile diseases; when in such a person the crisis sets in and the cyanosis disappears, the pulse becomes miserable, though it was formerly enormously tense

on account of the carbonic acid intoxication of the blood. It may therefore happen that during an apoplectic fit and beginning œdema pulmonum in consequence of the inhibited respiration, cyanosis and, in consequence of the surplus of carbonic acid, such a false tension of the pulse, may be witnessed. Where no cyanosis exists, the tension of the pulse is not a false one, and may be used for the diagnosis of a hemorrhage.

Our next question is whether the hemorrhage is meningeal or cerebral?

*Meningeal hemorrhages* appear especially in pachymeningitis hemorrhagica. This is a secondary affection, developing itself principally in senile cerebral atrophy, in paralysis of insanity and in potators. In a potator we can suspect a meningeal hemorrhage. We must also consider the disproportion between the intensity of the coma and the setting in of the paralysis. When the coma is protracted and no paralysis takes place, or when we only meet a dissociated paralysis and no complete hemiplegia, we may exclude intra-cerebral hemorrhage and diagnose meningeal hemorrhage, for a large intra-cerebral hemorrhage with a grave coma will produce complete paralysis.

The diagnosis of *cerebral tumors* is generally easy, showing two series of symptoms, diffuse and focal, and often we meet both. They develop slowly and insidiously, only exceptionally it happens that a cerebral tumor appears rapidly with an apoplectic or epileptic insult; but even then we learn that the patient has complained for some time of headache. The most important point for the diagnosis of cerebral tumors is their slow, sneaking development; another important symptom is the choked disk, the atrophy of the opticus. A third point are the focal symptoms which appear in different forms. But we can diagnose them also from diffuse symptoms, though we may be in doubt whether we have to deal with a chronic meningitis or multiple insular sclerosis; for a patient may give a fair picture of a tumor, and still suffer from a multiple insular sclerosis. The choked disk is then the decisive symptom. Where a tumor is very small, its seat may still develop severe symptoms. Generally a cerebral tumor is easily diagnosed by its slow development, headache, vertigo, vomiting, choked disk and by focal symptoms.

The *localization of cerebral affections* will always remain of great practical interest, and we may be allowed to mention only the most important points. At the beginning of an apoplectic fit it is hardly possible to make a local diagnosis. As long as the patient is coma-



tose, we cannot conclude from a paralysis its original seat, but in tumors we will often be enabled to point out its localization, and yet in other cases we may fail. Considering vascular syphiloma or glioma, carcinoma or sarcoma, remote effects will take place. Hemorrhages from tumors will produce local symptoms, far distant from the seat of the disease. Great care is therefore necessary in our local diagnosis, for we do not know the spread of a tumor, and diagnostic errors are frequent. During diffuse processes local diagnosis is nearly impossible; in multiple insular sclerosis, we may at the utmost suppose the seat of a sclerotic focus. We are no better off in progressive paralysis. It may happen that certain parts of the cerebral surface are more affected. Autopsies have shown that in progressive paralysis the ganglia-cells have perished, that in some cases the white fibres are destroyed, and we know that these destructive processes take place at certain points. Where there are disturbances of speech, Broca's convolution suffers, with hemianopsy and mental blindness; we refer it to the occipital convolution and in epileptic fits the central convolution is injured.

For local diagnosis of old small foci from hemorrhage or softening, from stationary abscesses or from tumors which stopped growing, may often be made only after the reactive manifestations have passed away, be they weeks or months. We may be able to localize the focus, though even then it may have deceived us about the nature of the disease.

It is rather difficult to treat local diagnosis in a few lines, and I prefer, therefore, to take only a clinical view of it, and let us take *hemiplegia* up, as this is most frequently seen. After an apoplectic fit, a hemorrhage or softening, a paralysis follows, say on the right side. We meet no disturbances of speech, only the usual picture of hemiplegia, the upper and lower extremity, the right facialis, especially the parts around the mouth, and the hypoglossus are paralyzed, also the right side of the thorax. The co-affection of the right side of the thorax we do not observe in usual regular breathing, but always during a deep voluntary inspiration, for during natural breathing both sides of the thorax expand equally. In our case, therefore, during a deep inspiration the left side of the thorax would expand more than the right one. We also find that the patient has no disturbance of sensibility, or only a very slight one, no paralysis of temperature, no disturbance of electrical reaction. We also see the muscular sense undisturbed. Vasomotor symptoms may be present or absent. The muscles of the eye, the trigeminus and the senses in general act normally; during the

following weeks a contracture sets in, which may still exist after months or years, if no treatment took place. The paralysis of the lower extremity is mostly less in degree than that of the upper one. The paralysis of the hypoglossus often retrogrades; disturbances of speech are never seen, only the tongue deviates a little toward the paralyzed side on account of the action of the genioglossus. It is commonly accepted that the chief action depends on the inhibited action of the genioglossus, inasmuch as each genioglossus draws the tongue to the opposite side. When, therefore, the right genioglossus is paralyzed, the tongue will be drawn towards the right side. The paralysis of the facialis, supplying the mouth, is more frequent, while the three upper branches, going to the frontalis, levator palpebræ superioris and orbicularis, are mostly uninjured. Where is the focus? If in such a case contractures in the upper extremity have developed, we may conclude that the lateral pyramidal fascicle is affected and it may be possible that this focus may be seated from the cortex down to the pons. It may be localized in the upper peduncular part of the pons, in the pedunculus cerebri, in the capsula interna, in the pars centralis centri semiovalis, and in the central convolutions of the cortex. We furthermore say, we have no manifestations hinting of a lesion of the pons or of the pedunculus cerebri. When a hemorrhagic focus sits in the pons, we have, with all these symptoms, also paralysis of the vasomotors, sensory paralysis, because in the pons the courses run closely together, and the same can be said of the pedunculus cerebri. In fact, foci in the pons and pedunculus cerebri have only rarely been observed.

We may also learn from the anamnesis that the apoplectic fit lasted several days, and we know that the duration of an apoplectic fit and its severity stand in parallel relation to the size of the hemorrhage. When the body suffers from an apoplectic insultus, lasting several days, in the pons or pedunculus cerebri, certain death is the result.

We come now to the region of the corpus striatum. According to all that we know at present, focal disturbances limited to the nucleus lentiformis and claustrum produce no particular symptoms. Foci in the nucleus lentiformis may remain stationary and the patient show no symptoms, and it is not possible, therefore, to diagnose a malady of the gray masses of the corpus striatum. The same may be said of the thalamus opticus, which also fails to produce such palsies. Yet there is another portion in the corpus striatum, namely, the capsula interna, the contraction of the filaments which ascend from the pedunculus cerebri into the cortex where the focus may be seated. Its seat may



also be possible in the centrum semiovale, in its pars centralis, namely, in the continuation of the filaments of the corona radiata. Such a localization is the most frequent one, as Andral found the focus at this point three hundred times in three hundred and sixty cases. The focus might also be localized in the cortex. But to diagnose a cortical affection, other manifestations must be present, and in addition to the paralysis we would meet, after months, a Jacksonian epilepsy. The appearance of this semilateral, and at a later period, of total, epilepsy, hints to the cortex. We also expect from the presence of aphasia a cortical affection, though we know that a lasting aphasia is also met after destruction of the fascicles of association below the gray cortex, but as a rule we find in aphasia the convolution of Broca and the insular convolution affected.

We come therefore to the conclusion that the *group of symptoms, as daily seen, may have its seat in the cortex, in the centrum semiovale, in the capsula interna, especially in its anterior part, in the pedunculus cerebri, in the pons*; but experience shows that such foci are very rare in the pedunculus cerebri and in the pons, and are usually accompanied by other symptoms; we know furthermore that, when such a paralysis emanates from the cortex, we meet other manifestations, either Jacksonian epilepsy or aphasia and furthermore that in such palsies most frequently the centrum semiovale and capsula interna are injured, but we must not forget that in rare cases the pons, the pedunculus cerebri or the cortex may be the seat of the disease.

We may fully exclude from our picture the anterior portion of the frontal convolution. It may be possible that its most posterior part may produce sensory paralysis, but it is hardly probable. We may also say with assurance that the paralysis does not emanate from the cerebellum, nor from the thalamus opticus, nor from the corpus quadrigeminum. How closely limited this region is!

To this simple picture of common hemiplegia sometimes other symptoms are added. There are cases where we diagnose with certainty a disease of the *pons*, when we meet so-called *alternating hemiplegia* of the extremities and of the facials. There are cases where the extremities are paralyzed on the right side and the facialis on the left. As we may exclude here a basal process, our diagnosis hints that the focus is in the lower, in the bulbar part of the pons. In palsies from the pons we meet also affections of the sensory tracts and vasomotory disturbances, and frequently dysarthric disturbances. When the focus dips down into the medulla oblongata, the patient may suffer greatly from articular disturbances.

In the *pedunculus cerebri* we meet again with the others, also sensory and vasomotory palsies. Here also we meet a kind of alternating paralysis, to which the paralysis of the oculomotorius must be added, caused by its origin. Especially in hemorrhagic foci and intumors we observe that with a focus in the left pedunculus the extremities, the facialis and the hypoglossus are paralyzed on the right side, but the oculomotorius on the left side, and we may localize then the focus in the lowest part of the pedunculus cerebri.

We often meet in hemiplegia vasomotory disturbances, where the hands and the leg of the patient swell. The fingers grow in extent, the dimples on the back of the hand fill, the fingers become livid. The temperature oscillates from  $\frac{1}{2}$  to 1 degree in the course of the day. When such vasomotory disturbances accompany the hemiplegia, we may certainly suppose that not only the anterior part of the *capsula interna* is injured, but that also its posterior part suffered. I believe that vasomotory tracts run their courses together. Whether they lay so closely on the centrum semiovale that they may be touched by a small focus, is still uncertain, nor can it be said with certainty whether in cortical affections vasomotory palsies are added to the motory ones. Disturbances of sensibility are relatively frequent in hemiplegia, but also relatively weak, and there are cases where sensibility is not at all disturbed. This possibility exists for every localization of the lateral pyramidal tract from the cortex to the pons. This clinical fact is of the greatest importance for cortical foci, and in cortical monoplegia sensibility remains free.

On the other side sensibility may be disturbed in all these localizations, the least where the focus is in the centrum semiovale and in the anterior part of the internal capsule, but we meet a high grade of *anæsthesia* with foci in the pons and pedunculus cerebri, depending on the size and extent of the focus. According to Charcot hemianæsthesia prevails where the posterior part of the capsula interna suffers, and wherever we meet high-graded motory paralysis, vasomotory paralysis and exquisite anæsthesia, we may be sure that the posterior portion of the capsule is severely affected.

There are cases where there exists exquisite hemianæsthesia and vasomotory paralysis, whereas the motory paralysis retrogrades, in which the patients complain of pain in the extremities. We must be careful in our prognosis, as these pains do not yield readily to our treatment. Where the process turns more and more backward, we find the anterior part of the capsule hardly or not at all injured, and it



is supposed that the sensory fibres run their course in the posterior portion of the capsule.

Disturbances of the retina are also of importance in diagnosis, and *hemianopsy*, *total blindness*, *color-blindness*, *mental blindness* and *irritative symptoms of light* may appear in cerebral affections. At present we can only study hemianopsy and mental blindness; but the experiments of physiologists on animals are here of very little value for human beings. We know that hemianopsy is observed in affections of the chiasma and the root of the opticus; in lesions of the radiation of the opticus; in lesions of the white and of the cortical substance. According to my studies, hemianopsy originates from a lesion of the occipital lobe, and lesions of the temporal lobe and vertical lobe have nothing to do with hemianopsy. Where the latter is bilateral, blindness is present in the full sense of the word.

We sometimes meet hemianopsy in connection with other symptoms, as, *e. g.*, with motor ataxy. In several cases of that kind the patients gave the picture of ataxy of the extremities on the side opposite to the cerebral focus; hence a lesion of the occipital cortex, of the occipital lobe, may produce hemianopsy, though it does not do it always.

In *mental blindness* the optical apparatus is perfect, but they cannot grasp the optical pictures; optical memory is lost, the cortical field for the optical pictures is destroyed, and this in man is situated in the occipital lobe. Whenever we meet this symptom of mental blindness, we may rest assured of a lesion of the cortex of the occipital lobe, but where hemianopsy exists we must find out whether it emanated from the occipital lobe or from other parts. Where pupillary reaction is normal, and nothing else is found, we may suppose the seat of the affection to be above the corpus quadrageminum, in fact above the thalamus opticus; *i. e.*, in the white medullary substance, or in the occipital cortex, at any rate above the reflex centres for pupillary reaction, and it will be always difficult to decide between a localization in the white medullary substance and the occipital cortex. Where pupillary reflex is injured, we have to look for another localization.

We are not quite clear yet about the function of the *vertical lobe*. Sensibility is put into it, and, according to Exmer, the cortical field for motility, and according to others, it is the field for co-ordinate motion. Where ataxy exists—the symptoms where the patient can move his arms, but with closed eyes has no idea of his motion—then we consider the vertical lobe injured.

Whenever we meet a *monoplegia*, we may suppose a lesion of the cortex of the central convolution. There are cases where in central

palsies, the upper, in others where only the lower, extremity suffers; and cases where only the facialis, or hypoglossus, suffers; and Eddiger published a case where in an unilateral facial affection both hypoglossi were paralyzed. We also meet monoplegiæ in affections of the pons, where only the arm, and, when localized in the centrum semiovale, only the leg was paralyzed. Such are exceptional cases, and it may be assumed, as a rule, that hemiplegia is produced by foci not localized in the cortex. There is more than probability to localize the focus in the cortex when isolated groups of muscles are paralyzed, and when we may exclude a basal paralysis of the facialis, and when we may also exclude their origin from an affection of the gray nodules of the pons; furthermore, when the monoplegia of the arm surely appeared in consequence of a cerebral malady, *i. e.*, when the paralysis of a solitary extremity, or of the facialis and hypoglossus, can only be localized in the substance of the brain.

*We diagnose in paralysis of the hypoglossus and facialis a lesion of the lowest portion of the central convolution; in monoplegia of the upper extremity a lesion of the middle portion of the central convolution; in monoplegia of the lower extremity a lesion of the portion adjacent to it; in paralysis of both extremities alone, an affection of the lobulus paracentralis.*

Let us now pass to the *frontal brain*. We cannot tell much of the cortex. Whether the old idea that the frontal brain essentially serves as our Psyche, or whether its function is connected with our perpendicular walk, with the innervation of the muscles of the back, awaits yet its decision. We know so far only one undoubted localization in the frontal brain, that of speech—the lesion in *Broca's convolution and insula in aphasia and dysphasia*.

Finally we must mention in relation to the *temporal convolution*, that its lesion, especially that of the first one, produces *word-deafness or sensory aphasia*. We hear sounds; but the language, well known to us, becomes strange; we fail to understand the meaning of the sounds.

In relation to the posterior skull, *cerebellar diseases* must be mentioned, though we have nothing at all to aid us in their diagnosis. Cases are recorded, where both cerebellar hemispheres were absent and no disturbance was noted. Ebstein observed an osteoma where an entire cerebellar hemisphere became atrophied and no disturbance was observed. Whatever their functions may be remains still a mystery.

Affections of the *vermicular process* produce vertigo and vomiting, and was what Duchenne named *titubation cerebelleuse*. Here we find



the lower portion of the vermicular process injured, and our diagnosis will be strengthened when we also find choked disk in consequence of compression of the vena magna Galeni. The patient walks as if intoxicated; titubates from one side to the other.

In the posterior cavity of the skull we also have the important maladies of the *medulla oblongata* and *pons*. Duchenne first described *bulbar paralysis* and Wachsmut localized it in the medulla oblongata, when we find atrophy and paralysis of the tongue, of the oval facialis, of the soft palate, and, finally of the vagus. Such a group of symptoms may slowly develop itself as a system-disease, as a polio-encephalitis atrophica anterior, or also as an acute apoplectiform bulbar paralysis; the latter especially in consequence of hemorrhages and thrombosis of the arteria vertebralis.

In relation to pons-palsies I have already mentioned the alternating palsies. Here also the hypoglossus may be drawn into coaffection. Often arises a picture as if we had to deal with a basal malady in the posterior cavity of the skull, where the different cerebral nerves, hypoglossus, vagus, accessorius Willisii, etc., are affected. In diagnosing an affection of the posterior cavity of the skull we must, therefore, differentiate lesions of the cerebellum, of the processus vermicularis, pons, medulla oblongata, and the spot where these cerebral nerves find their exit.

The diagnosis of basal affections is sometimes easy, in other cases difficult; and we may take it as a keynote that we meet then multiple paralyses of cerebral nerves. If bilateral paralysis of the hypoglossus, facialis, vagus and accessorius is found, we have no basal affection, but bulbar paralysis; or where we meet bilateral paralysis of the eye muscles, of the oculomotorius, abducens and trochlearis, we have no basal affection; nor where with a hemiplegia the facialis and hypoglossus are paralyzed.

But when we meet a paralysis of the acousticus, facialis and oculomotorius, three nerves which we cannot connect in the brain, then we think of a basal affection; or when we meet a paralysis of the hypoglossus, trigeminus and abducens. These multiple bilateral paralyses of the cerebral nerves are the keynotes to locate their origin at the base of the brain. Nor must we forget that in intra-cerebral paralysis of the facialis, only the oval facialis is paralyzed; whereas in basal paralysis the whole facialis is affected, though this also might take place when the focus is situated in the lower bulbar part of the pons, or, as Meynert has shown, when a certain fascicle, winding itself around the nucleus lenticularis, is the point affected.

Sometimes the diagnosis for a basal affection is rendered more easy when pressure upon the opticus and olfactorius, or compression of the sinus cavernosus, or pains in the trigeminus, leads us into the right direction.

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## Correspondence.

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### WHO MADE THE FIRST SUCCESSFUL LAPAROTOMY FOR PELVIC ABSCESS?

EDITOR HAHNEMANNIAN :

In reading the "Historical Sketch" in "The American System of Gynecology," I noticed on page 58, that the author says: "The first successful case of laparotomy for pelvic abscess, in this country, was made by Dr. R. S. Sutton, in June, 1884."

*On March 3rd, 1883, I successfully performed an abdominal section for a chronic pelvic abscess, which was reported in THE HAHNEMANNIAN MONTHLY for August, 1883.*

My operation antedates Dr. Sutton's by fifteen months. I reported the case on account of its peculiarity, seriousness and the favorable termination. The article, as its title implies, is an historical sketch, and since history is supposed to deal with facts, I write simply to correct the error.

Respectfully,

W. E. GREEN, M. D.

Aug. 16, 1887.

Little Rock, Arkansas.

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13 CHURCH ROAD, TUNBRIDGE WELLS.

Aug. 20, 1887.

DEAR HAHNEMANNIAN :—I wish you and others from the other side could be over at our Congress in Liverpool on the 22nd and 23rd of September. It will be a first-rate meeting. Some of you would be better for a fortnight of sea air. Come by one steamer and go back by the same. A Cunard liner would just do it for you. Leaving New York on the 10th of September, you could have a week in Liverpool and be home on the 1st of October. It would just give you a bracing up for the winter and would not cost \$150. Come, or send some of the right sort, and if we don't have a good time, why—hang it—we'll try to.

Fraternally,

ALFRED C. POPE.

[We don't doubt it. Now who will go?—ED.]



## Editorial.

### A MODERN GALILEO.

Once upon a time a certain gentleman, after much study, and much observation through his new telescope, proclaimed the unheard-of doctrine that "the world moves." It was, at that time, so palpable a misstatement of fact that it created quite a stir among the scientists. (The world has always had scientists, even when it had very little science.) There was in existence at that time a sort of American Medical Association—not such a ridiculously impotent affair as ours, but rather as ours would like to be—one that wielded all the majestic power of law. This body, setting an illustrious example for its later mimic, got to smelling around Galileo's pronunciamiento and finally concluded that it was "an exclusive dogma," or something of that sort. They accordingly cast him out of their society, refused to consult with him, pulverized his telescope and were proceeding to subject his person to the same refining process, when, finding things getting too hot for him, he "backed down" and said that on more careful consideration the world did not move at all. The historian tells us that as he left the presence of his enemies he said in a sort of a stage-whisper, "but it does move." On this latter point we wish to correct the historian. We had some personal acquaintance with Galileo, and can declare that he did no such thing. He just went home, took down his sign, dropped his distinctive title, changed the name of his journal, begged for re-admission to the society and swore a big, blue, brimstone oath that he had never owned or looked through a Coethen telescope in his life, and promised he "never would, so help him," etc. And

so they took him back into their communion, labeled him, and put him in a glass case along with their other pathological specimens, and made merry over him. And on their great feast-days they point him out to the strangers from the hill-country, as they do their incredibly inflated tumors, and their unbelievably long india-rubber tape-worms. And they show them his journal and the scar where it was emasculated, and they hold him up as a solemn warning to keep others from following after new truths, lest they also be bottled up for exhibition. But they never listen to his voice in their councils nor write his name or sayings in their scrolls; at least we never remember to have seen them mentioned therein.

It is possible that we may have got this history a little—*just* a little—mixed, but the main facts are about as we have stated them. And now this same ancient astronomer who does not believe in telescopes, has apparently forgotten the lesson of his youth, and has again declared that "the world moves." (See *N. Y. Med. Times* for July, p. 113). Of course, in these later days all the world is aware of the fact of its motion, but that he should dare to admit it without the special permission of his masters, is most unaccountable.

We have been interested in looking over this astronomical editor's article, as above referred to, for the purpose of learning his reasons for his recent bold and unexpected declaration. It appears that he bases his new faith upon an editorial in the April number of *THE HAHNEMANNIAN*. In that editorial it is set forth that the earlier teachers of homeopathy in America contemplated the establishment of colleges in which

the whole science of medicine, homœopathic and non-homœopathic, should be taught; that for some reason this design and intention has not been properly carried out, and that as a consequence of this failure, many homœopathic physicians have more or less misunderstood the respective fields in which it is possible to apply homœopathic and non-homœopathic modes of treating disease, and have thereby blundered into some of the grössest forms of mongrelism. THE HAHNEMANNIAN's editorial also urged that this serious defect in our homœopathic college education should be thoroughly remedied, and insisted that the *new* school of physicians alone, possesses the rights, the prerogatives and the stewardship of medicine in its entirety.

In our suggestion, that the rising generation of homœopathic physicians should be taught the *whole* science of medicine, the New York *Medical Times* thought it discovered something that could be construed into an echo of its own sentiments. We are perfectly willing to admit—yea we assert—that when homœopathic journals *do* begin to echo the peculiar—and they *are* peculiar—sentiments of the New York *Medical Times*, it will be evidence that the world is really moving, and moving rapidly—backwards. But as our journals, THE HAHNEMANNIAN included, are steadily getting farther and farther away from the opinions and sentiments of the *Times*, it looks as if the latter journal is doomed to pursue its crab-motion alone. The world *is* moving, and as the New York *Medical Times* is rapidly progressing (?) in the opposite direction it would be strange if even *its* untelescopic eye should fail to perceive the motion.

But now to be serious for a little while. Suppose we point out for our readers—and for the *Times*—the peculiar sentiments held and expressed by our

retrogressive contemporary, and compare them with the views advocated by THE HAHNEMANNIAN MONTHLY. Then we shall see to what extent the latter journal has adopted the doctrines of the former. In making this comparison we will present our own sentiments first in order, and those of the *Times* afterward.

*First.*—THE HAHNEMANNIAN holds that a belief in the Law of Similars justifies the physician in assuming the title of "homœopathist," and that a conviction of its superiority over other modes of selecting remedies *requires* him to assume it. The *Times* holds that no physician ought to assume such a title.

*Secondly.*—THE HAHNEMANNIAN maintains that strict medical ethics requires every physician to declare openly his mode of practice, whether homœopathic, allopathic, or eclectic. On the other hand the *Times* maintains that the physician is not bound to tell his patients what mode he employs; in other words, that the treatment to which the patient is to be subjected is none of the patient's business.

*Thirdly.*—THE HAHNEMANNIAN advocates the opinion that all the rights, privileges, powers and prerogatives that can properly be vested in physicians as a profession belong technically and morally to those who favor and defend liberty and progress, and the liberty of progress in medical art, and who represent the rights of patients and the public as against the arbitrary and despotic usurpations of the profession itself; in other words, to the homœopathic profession only. The *Times*, for some inscrutable reason, thinks that these rights and prerogatives belong to the allopathic sect of physicians, or rather to the societies which assume and presume to represent them.

*Fourthly.*—And this is the main question at issue. THE HAHNEMANNIAN urges



that homœopathic physicians are responsible for the education and training of the rising generation of physicians, in *all the principles and knowledge that pertain in any way to the prevention, alleviation and cure of disease and to the repair of its ravages*. It urges that all medical science can be and ought to be taught in homœopathic colleges, and believes that their graduates would be better homœopaths for this greater breadth of knowledge. The *Times*, instead of finding here an echo of its own teachings, as it pretends, has all along been promulgating the view that homœopathic colleges should *not* teach *all* medical science. Nay, it goes farther and insists that homœopathic colleges should not teach homœopathy; that they should not teach anything; *that they should not exist!!!* It insists that there should be no homœopathic colleges, no homœopathic teachers, no homœopathic societies, no homœopathic journals, and, we presume also, no homœopathic books. It claims that all the colleges, the teachers, and the literature of medicine should be under the supervision of, and in affiliation with, that class of physicians who have openly and constantly warred against progress in medicinal therapeutics and against public medical rights.

The world does move, and THE HAHNEMANNIAN, in trying to keep pace with it, and in endeavoring in its feeble way to help it along a little, finds itself getting farther and farther from the New York *Medical Times*, from which we may infer the direction in which the latter named journal is traveling.

It is difficult to understand on what basis of fact or of logic, the *Times* in its professed desire to escape the suspicion of "sectarianism" and "exclusivism" should have allied itself with a body of physicians whose restrictive and sectarian qualities are so palpable and so notorious. If it be claimed that the allo-

pathic faction has certain preferred claims to universal empire because of its greater age, it must be remembered that homœopathy is as much the natural and legitimate development and outgrowth of ancient and mediæval medicine as is modern allopathy, and is therefore as much entitled to be its legitimate successor. If it be claimed that allopathy has the first claim on professional allegiance, because its members constitute the majority, it will be replied that moral and scientific questions are not susceptible of decision by ballot, and that even if they were, the majority would to-day be on the other side, had it not been for the adoption by allopathists, of a course of conduct so immoral and unprofessional as to forfeit every claim to public and professional respect.

Had the intentions and designs of the pioneers of homœopathic medical education been carried out, we should to-day be in a position to demand that no physician should receive the license of any State Examining Board without first passing a thorough examination in the principles and practice of both allopathic and homœopathic therapeutics, and we could have forced allopathists into the pitiable attitude of "begging off" from so comprehensive a test of professional qualification. It is not too late to begin this work of preparation even yet; and we may depend upon it, that we as homœopaths will not and should not be recognized as *the* physicians of the age, until we begin to so recognize ourselves.

#### PASTEUR'S VINDICATION.

From time to time there have appeared in European and American medical journals the most diverse utterances respecting the success or failure of Pasteur's method of preventing hydrophobia in persons bitten by rabid animals. This method consists, as all

our readers are doubtless aware, in the inoculation of the subject with an attenuated virus taken from the spinal cord of an infected rabbit. Pasteur has labored assiduously in this work for months and years, and has evidently been strongly impressed with confidence in its efficacy. Meanwhile the medical press has been quite willing—to put it mildly—to find and promulgate any fact or theory that might throw a doubt upon its reliability.

The recent publication of the Report of the British Commission on Hydrophobia, has excited a deal of surprise among medical men, even among those disposed to attach more or less value to Pasteur's method. According to this report, Professors Burdon Sanderson, and Victor Horsley and Dr. Lauder Brunton, members of the Commission, made quite an extended investigation of Pasteur's processes, watching the details of his work and in a large number of instances tracing, both backwards and forwards, the history of his patients. They took ninety cases occurring in succession on his list of patients. These persons all resided in Paris, Lyons and St. Etienne, and of course convenient to the observation of the Commission. Of these 90 persons there were found 31 of whom it could not be said with certainty that the animal inflicting the wound was rabid. Of the remaining 59 there were 35 who had received their wounds through the clothing, thus greatly lessening the danger of infection. The remaining 24 had been bitten upon uncovered portions of the person, by dogs which presented evidence of rabies perfectly satisfactory to the Commission. Of these ninety people none have as yet developed symptoms of hydrophobia.

Taking as a basis of comparison the five per cent. mortality, which constitutes the lowest estimate ever made for cases left to themselves, the commis-

sion estimates that Pasteur's treatment of the 2,634 persons submitted to him, has resulted in a saving of at least 100 lives. They also estimate that of the 90 persons whose histories were so carefully traced, about eight would have died but for the treatment they received at the hands of M. Pasteur.

If this exhibit is to be accepted as evidence of the value of inoculation, it must also be accepted as confirming Pasteur's claim to the discovery that the spinal cord constitutes the seat in which the virus of hydrophobia is developed in the rabid animal.

We remember to have heard or seen it intimated that the demonstrated success of Pasteur's treatment of hydrophobia, would furnish a strong confirmation of the scientific truth and efficacy of homeopathy. Let us not be deluded into any such notion. The inoculation treatment, if successful, merely demonstrates that one attack of hydrophobic disease exempts the subject from future attacks, and furthermore that it is possible to have the disease in an exceedingly mild form. Valuable as it seems, there is no homeopathy in it. Homeopathy "cures"; Pasteur's inoculation does not cure—it prevents.

#### THE PITTSBURGH JUBILEE.

On Tuesday, Wednesday and Thursday, September 20, 21 and 22, will occur the twenty-third annual session of the Homœopathic Medical Society of Pennsylvania. The session will be held in the chapel of the Pittsburgh Homœopathic Hospital, and the headquarters of the members and other physicians in attendance and their friends, will be at the Monongahela House. At this session will be celebrated the semi-centennial anniversary of the crossing of the Alleghenies by the Genius of homeopathy, and of its firm establishment in Pittsburgh—once the "Smoky



City," smoky now no longer, thanks to Pennsylvania's natural gas and the inventive genius and enterprise of the "natural" Yankee.

Judging from the preparations that are in progress, the meeting will be an exceedingly interesting event. The sessions of this society have long been famed for the value of the papers presented and the quality of the discussions. It is not likely that there will be any decline in these respects this year, while additional value will almost certainly be imparted by the attendance and participation of distinguished physicians from other States. Every year our society is honored by the presence of some of these eminent men, and we have promise of a like distinction and pleasure this year. On the programme are the names of Doctors Ludlam and D. S. Smith of Chicago, J. P. Dake, of Nashville, J. C. Burgher, of Pittsburgh, A. C. Cowperthwaite, of Iowa City, J. W. Dowling and W. Tod Helmuth, of New York. But we expect to see numerous others from our sister States. Every one who has ever attended one of these meetings from other States is hereby tendered a *special invitation* to the coming meeting, and a general invitation is extended to all others who can come.

Our own physicians—members and others—ought to be present in large numbers to help the Pittsburgers in keeping alive the memory of the physician who asked for "five minutes to think about it," and the mighty event which followed that brief but energetic thinking.

Both the Pennsylvania and the Baltimore and Ohio railroads will sell excursion tickets at about two-thirds the regular rates. In order to secure the reduction of fare, those who contemplate attending the meeting must procure "orders"—*one for each person*—from Dr. Clarence Bartlett, secretary of the society, No. 1506 Girard avenue, Phila-

delphia. These "orders" can be used by all physicians, and by any of their friends who purpose to attend the meeting. Our news pages will give an idea of the whole programme, and to it our readers are referred.

#### IN DEFENCE OF OUR COLLEGES.

In the announcement of one of our homœopathic colleges—we forbear to mention its name—there is an attempt to discredit the "graded system" of college instruction. As this system is abundantly able to defend itself, the mere mention of the matter is all that is here necessary. But in connection with it appears the statement that in the graded system, the student attends *but one course* in each branch of study. This statement is so at variance with the fact, and so likely to mislead the student to his disadvantage, that we make haste to correct it. We know that in most, and we think in all of the colleges in which the graded system of study is pursued, *two full courses* of instruction are required in each of the seven cardinal branches—Anatomy, Physiology, Chemistry, Materia Medica, Theory and Practice, Surgery and Obstetrics, and that the student gives considerably more time to each of them, than is possible in the old-fashioned "two-years course." If the college which published the incorrect statement had but examined the announcements of her sister institutions, she need not have given currency to so hurtful a misrepresentation.

While upon this subject, would it not be better for all concerned, if all the colleges should discontinue totally, their annual "brag"—that's the best word to express it—about their "clinical facilities" and other "unequalled advantages," and confine themselves to a simple business-like statement of the facts as they exist? Even if this boast-

ing policy must be continued, there can be no excuse for publishing inuendoes against the methods of instruction adopted in sister colleges. The avoidance of boasting on the one hand and of detraction on the other is surely more befitting the dignity of a learned and honorable body, such as the faculty of a medical college is presumed to be. And an examination of the announcements of a few of our colleges will show that some of them are of that opinion too.

#### LAKE MINNETONKA.

The following extract from a letter written by our business editor will doubtless be of interest.

LAKE MINNETONKA, Minnesota, July 12,  
[1887.]


EDITOR HAHNEMANNIAN:—My Dear Confrere—Sorry to leave you at this red-hot season, in the second-size oven of the country to toil among bricks and mortar, and wish you could accompany me on my tour among the water-falls, geysers and snow-clad peaks of the "Great North-west" and to Sitka, in Alaska, where I wanted the Institute to pitch its wigwam next year. The Hotel Lafayette seems to be the attractive spot on Lake Minnetonka, and is a long, large structure built by the Manitoba Railroad, or, rather by its President, James Hills, Esq. It looks and probably is, much like the Oriental Hotel at Manhattan Beach, N. Y., or the Brighton, with enough to eat and plenty of rooms to easily accomodate from 600 to 1200 people, provided each individual present did not need a separate apartment. It has a fine lake-park or lawn around it, leading down to Lake Minnetonka, which comes winding its clear, sparkling way around the peninsula that is adorned on its knoll with this hotel. The location is beautiful, the appointments are modern, and every thing is first-class; the rooms being large and airy, the ceilings quite


high and, as there is but one corridor along the entire structure, the rooms are all outside rooms and face the winding lake over whose crystal and green-tinted waters, ply a number of steam boats large and small. The map of the lake reminds one of an ophthalmoscopic view of an aggravated case of choroiditis disseminata or retinitis pigmentosa, so irregular and tortuous are its outlined shores, and the shores of its multitude of islands. The pretty lake-boats make frequent daily excursions, in and out of these lakelet appendages, and among the islands as seen on the map. By the way the map which I purchased at St. Paul, has not compass-points on it, probably because a well-regulated compass would lose its head and get out of repair in an endeavor to follow the labyrinthine windings of the lake-shore. The distance is about an hour by rail from St. Paul, and one half-hour from Minneapolis. I was well fed, well roomed, well rested and well pleased, and without the proprietor having dreamed that my eyes and stomach were on a tour of investigation.

Yes! Minnetonka will suit for an Institute meeting any time between June 18th and July 10th. Later it begins to be too full for the accomodation of such a meeting as the Institute holds.

Yours onward,

BUSHROD W. JAMES.

 In the article of Mr. Heath, in the August number, page 523, the phrase "showing that no alteration had taken place," should read "*an* alteration"; thus conveying an opposite meaning.

 Special attention is invited to Prof. Lilienthal's Translation of Prof. Nothnagel's comprehensive essay on *The Diagnosis of Cerebral Diseases*, published in this number. Physicians interested in the subject will find it both entertaining and instructive. Will Dr. Lilienthal accept our thanks?



## Notes and Comments.

Berlin has 5,000 hospital beds.

Philadelphia could well dispense with half her dispensaries.

The first thing to do in a case of cholera—the *very* first—is to put the patient to bed.

The *Homœ*—beg pardon, we mean the *Homœopathic World*, has kicked the diphthong out of its office.

The late Dr. Gross preferred apoplexy as a mode of exit. He considered it graceful and withal efficacious.

Vacancies in the medical corps of the U. S. Navy are going begging. The Army offers superior attractions.

Bellevue Hospital has finally discontinued experiments with gaseous enemata in the treatment of phthisis.

A woman living in Holland, Ohio, and her two sisters living in Iowa, have attained the ages of 107, 110 and 113 years respectively.

The oxygen and hydrogen in the human body, if free and uncombined, would, under ordinary temperature and pressure, occupy a space of nearly 3800 cubic feet.

Electricity is being urged as the best means of capital punishment. Mr. Park Benjamin in the *Forum*, for July, cites some quite strong reasons for preferring it to almost any other method.

It is now proposed that nursery maids shall be "trained." If the process should render them as useless as it does some of the nurses, the business had better be indefinitely postponed.

"It is necessary for us (homœopaths) to know everything that it is necessary for them (allopathists) to know, and the symptomatology of our *Materia Medica* in addition." Dr. H. C. Leonard, in Presidential Address before the Minnesota State Homœopathic Institute.

Of twenty boys recently applying for West Point cadetships, ten were rejected by the examining surgeon on account of "tobacco heart" induced by cigarette smoking. The proportion of "tobacco heads" is not mentioned in the report.

It is said that Professor Gross was the first man to rap the ministers over the knuckles for their thoughtless and pernicious endorsement of patent medicine swindles. That is honor enough for one man.

An Australian doctor advertises to pay one-half the funeral expenses in cases in which he is not successful.—(*Medical Record*.) If he is a typical modern allopathist his speedy bankruptcy is assured.

The old building of the New York College of Physicians and Surgeons is to be occupied as a business college.—(*Allopathic Exchange*.) A wise conclusion. After those medical graduates have "got their work in," the business graduates will be needed to settle up the estate.

A well-known eastern college of the allopathic persuasion is being mercilessly scored for graduating a "practitioner, after attending one course of lectures." It is hoped that all our homœopathic schools are far above such business.

"The visiting physicians to the London Infirmary for Consumption, have all resigned, because the Governors have voted that homœopaths may be allowed on the staff." The above paragraph is from the *Medical Record* which labels it "Homœopathic Troubles." It strikes us that t'other fellows are the troubled ones.

Maxwell Gray in his recent novel "The Silence of Dean Maitland," says "a clever physician is prized and feared but rarely loved." Either he mistakes the "clever physician" or has been unfortunate in his observations. The physician who is prized and feared but not loved, is usually not "clever" but is only trying to appear so.

The New York *Medical Record* complains that the enlarging dispensary service, is rapidly pauperizing the population of that city. The same statement might have been made with respect to Philadelphia and doubtless most of our other great cities. Already the country doctor possesses far greater chances of acquiring a competence than his city brother, and the dispensary nuisance is the chief, if not the sole cause.

Lauder Brunton—our readers may have heard of him—says, “the mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug, does not constitute it a homœopathic medicine.” He also holds the view that “the mere fact that a man habitually steals other people’s property, makes desperate attempts to conceal the act and when detected denies it, does not constitute him a thief.” We wait anxiously for the next instalment of Brunton’s dictionary.

Somebody of an ingenious turn is proposing to cure “cancer” in its various types by the administration of the proximate principles contained in the morbid growth itself, *i. e.*, keratin, leucin, melanin, tyrosin, sarkin, etc., and has prepared triturations of them for use. Possibly he imagines that the attenuating and triturating process somehow renders them homœopathic. We think we know of a hospital in which the homœopathic character of the treatment employed is supposed to depend on the fact that the medicines are attenuated. And if a hospital, why not a private physician?

## Gleanings.

### Chronic Poisoning by Tobacco.

At a recent meeting of the Royal Imperial Society of Physicians of Vienna, Favarger made a communication on the above old, but ever new subject, of which the subjoined is a *resume*. The symptoms of chronic nicotism do not generally manifest themselves till after the usage of strong tobacco for ten years or more, and ordinarily follow the free smoking of Havana cigars. As for the manner of smoking, there are four types of smokers: (1) Those who swallow the smoke: in these cases the nicotine acts probably directly on the stomach; (2) those who only breathe in and breathe out the smoke: here the detrimental action remains limited to the pharynx and larynx; (3) some smokers keep their cigar constantly between their lips, and are in the habit of swallowing a certain quantity of nicotine mingled with their saliva; (4) there are other smokers who use cigar-holders that are soon fouled with nicotine and are never properly cleaned.

Chronic poisoning by nicotine manifests itself generally by disturbance of the circulation and digestion. One of the most frequent symptoms is palpitation; then next in the order of frequency is cardiac asthma; and still more rarely occur attacks of angina pectoris. Physical examination of the heart gives sometimes negative results, and sometimes reveals the existence of chronic myocarditis, or of fatty degeneration of the heart. Among the digestive derangements are noted loss of appetite, pain in the epigastric region, diarrhœa, or constipation. Among the symptoms pointing to disorder of the nervous system are insomnia and attacks of syncope. Favarger reported a remarkable case of fatty degeneration of the heart in a man, aged sixty, who had been for many years an inveterate smoker of strong Havanas. Several weeks before his death he was attacked, after a meal, with violent palpitation, and a paroxysm of dyspnoea came on the next day. Till the time of his death the temperature remained low (94° to 97°F), the pulse very frequent and small (140 to 160), and the pupils much contracted. At the autopsy were found pleuritic exudations, dilations, with fatty degeneration of the heart and an ulcer of the stomach, which had determined a mortal hemorrhage. In this case, said the reporter, the fatty degeneration of the heart could not be attributed to alcoholism or any other known cause, except that which was the most obvious, namely, the excessive use of tobacco. This view was confirmed by the abnormal frequency of the pulse, by the great fall in the bodily temperature, and by the contraction of the pupils. Although no arterial atheroma was noted, there existed, nevertheless, in this case a functional stenosis (?) of the coronary arteries, equally attributable to nicotine, and to this constriction of the nutrient arteries of the heart, causing ischæmia, was due presumably the fatty degeneration of that organ. As for the ulcer of the stomach, it may have been directly engendered by the topical application of saliva impregnated with nicotine, or it may have been the result of circulatory disturbances, according to the process indicated by Rokitsansky and Virchow. As for the treatment of chronic nicotism, Favarger recom-



mends as prophylactic means: 1. Never to smoke when the stomach is empty, but always after a meal. In this way the number of cigars smoked will be limited, the nicotine will be made to act on a full stomach, loss of appetite will be prevented, and the antidotal action of the tannin contained in the wine, tea or coffee of the meal will be obtained. Tannin, according to Favarger, is the best antidote to nicotine. (2) Smokers should avoid holding their cigars long in their mouths. (3) Cigar-holders should be frequently renewed and regularly cleaned. Smokers should smoke the milder cigars occasionally instead of always choosing the strongest. According to Erlenmeyer, smoking cigars is vastly more injurious than smoking a pipe, because the preparation of tobacco for the latter purpose destroys as much as two-thirds of its nicotine, while the former loses but little of its active principle in the manufacture. More than twenty-five years ago, Dr. B. W. Richardson presented the following conclusions as the result of an exhaustive study of the effects of tobacco-smoking: (1) The effects produced are very transitory. (2) The evils of smoking are functional in their character and statements that it causes insanity, epilepsy, chorea, apoplexy, organic disease of the heart, and consumption are devoid of fact. (3) The habit of smoking is deleterious to the young. (4) Tobacco is a luxury, but probably the least hurtful of luxuries. Stillé, in commenting on these propositions, remarks that there are several diseases not enumerated by Dr. Richardson which excessive smoking unquestionably develops. One of them is amaurosis, many cases of which have been traced to tobacco smoking by no less competent authorities than Mackenzie and Sichel. The former, many years ago, hinted his suspicion that it is a frequent cause of amaurosis, and the latter is now of the opinion that there are few persons who have smoked during a long period more than five drachms of tobacco per diem, without having vision, and frequently memory, impaired.—*Medical Record*, May 14, 1887.

#### Intubation of the Larynx. Later Statistics of the Operation.

Dr. F. E. Waxham, of Chicago, has now performed this operation in one-hundred and thirty-four cases, with

thirty-seven recoveries, or 27.20 per cent. His best results were obtained in children from one to eight years of age. All cases operated after the age of nine years died.—*Jour. Amer. Med. Association*, July 30, 1887.

Dr. Dillon Brown has collected the statistics from various sources of eight hundred and six cases of intubation with two hundred and twenty-one recoveries, or 27.4 per cent.—*Medical Record*, July 23, 1887.

#### Pyelitis and Painful Micturition.

Dr. Geo. Chrisworth reports two cases of pyelitis, in which painful and frequent micturition was the main symptom. The history of the first case was such as to show that the pyelitis was not secondary to cystitis, and that the trouble was in the kidney from the start. A violent muscular strain, the almost immediate appearance of blood in the urine, the absence of previous disease, the lack of demonstrable disease of the bladder and urethra, the onward progress whether under treatment or not, and the final restoration to health after the suppurating kidney had had opportunity to discharge was conclusive as to the nature of the case. In the second case, the diagnosis was made by the exclusion of bladder and urethral disease. The diagnosis was confirmed at the autopsy. The writer believes that in the presence of frequent and painful micturition with purulent urine and without history of venereal disease or demonstrable lesion of the bladder or urethra, the surgeon should always suspect pyelitis.—*Journal of Cutaneous and Venereal Diseases*, August, 1887.

#### Methods of Treatment of Prostatitis.

Among the different forms of prostatitis, Dr. Fischer, of Munich, distinguishes that of youth in which the genitals are overused, from that of older individuals. The first always appears as an acute affection and at times violent in its onset, with high fever, rigors and even sopor, until the abscess in the urethra bursts, either spontaneously or from attempts at catheterization. Its cyclical course lasts about eight days, and repeats itself after a time. Often for many years, one attack follows another in the same way, and finally ends in a cure. Occasionally, however, it passes into a chronic inflam-

mation with hypertrophy. The more chronic form in older people begins usually with catarrh of the gland, prostaticorrhœa, and leads slowly to hypertrophy. According to Nussbaum, it is very characteristic of the affection that when the catheter cannot be used, the bladder may only be emptied, when the body is placed in a peculiar position, and indeed the same position of the body which renders this possible, does not remain the same, but must be changed from time to time to affect the same result. During the treatment of acute prostatitis, Nussbaum has used the cold ascending douche with great success; a treatment which in chronic prostatitis and hypertrophy of the prostate, even in cases of long standing is followed by the best results. Occasionally among the better class of patients this treatment may be combined with brine and sea baths, either as full or sitz-baths. He disapproves of all methods of treatment which have for their object the forcible dilatation of the narrower portion of the urethra or the destruction of the glands as well as all operations for extirpating the prostate through the rectum. Bottini's galvanocautic treatment is, on the other hand, approved by Nussbaum, although the difficulties of the operation do not favor its employment. Notwithstanding the outward results of parenchymatous iodine injections, Iverson's sub-cutaneous injections of ergotine are thought to deserve careful attention. It is not advised to make an opening of a prostatic abscess from the urethra because of the danger of making a false passage in catheterizing. The incision through the rectum or perineum deserves the preference also over puncture with a trocar. Maas' recommendation to divide the spinetor ani in severe cases is worthy of attention because of the opportunity thus given of applying antiseptic washes. When there is retention of urine in consequence of hypertrophy of the prostate and the various methods of catheterization have been tried without success, the author recommends according to Nussbaum's methods puncture over the symphysis pubis with the subsequent introduction of Nelaton's catheter, and with antiseptic washing out in preference to the puncture for aspiration, in which latter, washing out is not possible—a very important proced-

ure, and one which ought to be done frequently. According to the author's observation, he has often succeeded directly after the first operation in introducing the catheter through the urethra; when after the cure of the cystitis and the removal of the resulting inflammatory products, the prostate rapidly decreases in size and the fistulæ are also soon cured.—*Journal of Cutaneous and Venereal Diseases*, August, 1887.

#### Symptomatology of Chronic Lead Poisoning.

At the meeting of the Association of American Physicians, Dr. J. J. Putnam, of Boston, read a paper bearing on the above subject. He presented the following conclusions:

1. It is probable that lead may cause neurasthenic symptoms which may exist for a long time without other evidence of poisoning.

2. The same is true of fine muscular tremor, especially if associated with debility.

3. The most important conclusion is that lead seems to cause, occasionally, a greater or less degree of the symptoms classed as spastic paraplegia, instead of the usual type of paralysis with atrophy or loss of the deep reflexes.

4. Additional evidence is furnished of the importance of suspecting lead as a cause of vague cerebral symptoms such as are often due to syphilis.

5. In one case of epilepsy in a person not predisposed and where the probable first attack occurred at the age of twenty-five, besides the discovery of lead in the urine, there was a slight weakness and impairment of the electrical reaction of the long extensors of the fingers.

Two cases of ataxia with extensor muscular atrophy and other signs of peripheral neuritis, probably due to lead, were reported.—*Jour. of the Amer. Med. Assoc'n*, July 9, 1887.

#### Dulcamara and Whooping Cough.

Dr. P. P. Wells reports an involuntary proving of dulcamara made by himself, from chewing a berry of the plant. Shortly after taking it, he experienced a slight nausea and general uneasiness, which was almost immediately followed by violent, spasmodic, suffocative coughing, which almost took his breath away.



These paroxysms were repeated every three or four hours for two weeks, when they were arrested by other medicine. They were accompanied by the peculiar resonant inspiration or whooping characteristic of the cough called by this name. The paroxysms were excited by any attempt at loud speaking or even the slightest movement towards laughing. They followed almost immediately after eating, with retching and sometimes vomiting. The paroxysms sometimes came on during eating and spoiled his appetite. They were experienced only in the day time. Dr. Wells then gives evidence which goes to show that the symptoms from which he suffered were the result of the dulcamara.—*Homœopathic Physician*, Aug., 1887.

#### **The Treatment of Tubercular Peritonitis by Incision.**

This method of treatment has been gradually developed from observation of the improvement in such cases following exploratory incision. The more recent writers only claim for it the rank of palliative treatment. Such relative cures from opening the abdomen and removing the transudation have been reported by Spencer Wells, Dohrn, Naumann, Hegar, Lindfors, Schröder, König, Homans, Hartwig, Schwarz and Hofmokl. One of Schwarz's cases was operated at Billroth's clinic in 1884, and is still well. In the other from Brusky's clinic a previous puncture had given but very temporary relief. Here incision with toilet of the abdominal cavity has been followed by great general improvement without further local manifestations for the few weeks that have elapsed. In these seventeen cases there has been no recurrence of the transudation. In Hofmokl's case, however, some fluid collected again—a trial puncture preceded the laparotomy—yet the patient lived six months in comparative comfort. All these cases were in women. In most of them the incision was made for diagnostic purposes. Doubtless the results thus gained are too favorable for an average, as successes of this kind would be much oftener published than failures. The patients' ages ranged from four to fifty-seven years, mostly from seventeen to thirty-three years. One patient lived ten years; others were alive and, from relapse, four, two, one and a half

down to one-fourth years after the operation. These best results have been obtained by complete removal of the exudation and the exact suture of the wound. The few treated by drainage were long bothered by secreting fistulae. No difference is noted from the ways of disinfecting. In several of the cases, the true nature of the affection was confirmed by the microscope (bacilli, etc.). As yet there seems to be considerable difficulty in making a positive diagnosis before any operative interference. Schwarz puts forth the following indications, when the diagnosis of peritoneal tuberculosis is certain: Palliative incision is preferable to the customary puncture. The transudation is to be removed as fully as compatible with gentle means, best by dry methods. This is to be followed by disinfecting toilet of the peritoneum and exact closure of the opening. From analogy with surgical treatment of the various forms of tuberculosis, youth is no contra-indication. Pulmonary affections, when not too far advanced, are rather indications for the operation than otherwise, since the diaphragm and hence respiration is thus relieved, and from experience such patients are then found to improve. When the diagnosis is uncertain, exploratory incision is recommended.—*Annals of Surgery*, July, 1887.

#### **Simple Method of Preparing Tampons.**

Dr. N. W. Cady, of Logansport, Ind., writes to the *Medical Record* as follows: "Sometime since I hit upon a handy method of preparing tampons. When made in the ordinary way, tampons are usually not firm enough, and the knots tied in the retaining string often produce pain or even slight ulceration. The implement which I use in preparing them is a bit of wire twelve inches long, ending in a loop or hook. A piece of strong linen thread is doubled and then looped over the hook, the ends being secured at the other end of the wire by two or three half-stitches. Cotton, oakum, jute, or wool is now wound firmly around the wire, and thread until the roll is from four to five and one-half inches long, and from one-half to three-fourths, or seven-eighths of an inch in diameter. The thread is now relaxed from the wire loop and the wire withdrawn, leaving the thread in the

centre of the roll. The roll is then formed into a ring by tying the ends of the thread together firmly. Making the roll two and one-half inches or less, and correspondingly thicker, a conical tampon may be made."

#### Hemiplegia In Children.

The causes operating in adult life explain but a small portion of the cases of hemiplegia seen in children. Those remaining can be divided into two groups—one when the paralysis has succeeded some acute infectious disease, and the other occurring apart from such cause. Abercrombie has seen hemiplegia follow measles in four cases, scarlet fever in one, whooping cough in one, and diphtheria in several. One interesting case following diphtheria is reported, where the autopsy revealed an adherent thrombus in the right middle cerebral artery, and infarctions in the spleen and kidneys, though there was no heart disease. In four more of the cases, evidence of syphilis existed. In one such case, an autopsy made four years after the occurrence of the paralysis, revealed a thrombus in the longitudinal sinus, atrophy of the left hemisphere, both cortical and deeper, thickening of the meningeal, and disease of the middle cerebral arteries. This last mentioned change was thought to be the primary one. The other cases are grouped under the heads, traumatic, congenital and those of unknown origin. Fourteen of the last group were under two years old and may be regarded as cases of true *infantile cerebral paralysis*. The writer discusses the various theories advanced as to the pathological nature of these cases.

1. Strümpell's view of *polio-encephalitis*. This is objected to as theoretical rather than practical, and though possible, as yet lacks further proof.

2. *Capillary cerebral hemorrhage*, advocated by Eustace Smith, accounts very well for the pathological conditions found in some cases.

3. *Meningeal hemorrhage*, advocated by Goodhart chiefly, the convulsion first causing meningeal congestion and then hemorrhage. It is objected to both varieties of hemorrhage that there should be no special liability of one part of the brain more than another to be affected, while it is well established

that the motor area is the seat of the changes in the vast majority of cases.

4. *Thrombosis of the veins and sinuses*, supported by Gowers. The exciting causes are given as debility, exhausting diseases, especially acute specific diseases, blows, and the hot season. It may come in very young children without exciting cause.

5. *Embolism*.—Goodhart admits this as the explanation of the cases which follow the exanthemata; but Abercrombie would extend it to explain most of the cases under consideration, because the mode of onset in most instances is similar, the paralysis is unilateral and affects the side most convulsed, and the atrophy and sclerosis found in the late autopsies is limited to one side and affects the region supplied by the middle cerebral artery, well known to be the most frequent seat of embolism.

Congenital cases are due to injury received during delivery, followed by meningeal hemorrhage, or to intra-uterine injury with a similar result, leading to arrest of development.—*Archives of Pediatrics*, July, 1887.

#### Hydrocyanate of Iron in the Treatment of Epilepsy.

Dr. G. W. Baylor determined to try the hydrocyanate of iron in a case of epilepsy on the recommendation of Dr. D. S. McGugin. The patient's general health was in a bad condition. The following formula was employed:

R. Iron hydrocyanate, gr. lx.

Pul. valerian, gr. cxx.

M.—Ft. pil. No. cxx. Sig.—One pill three times daily, after meals.

The dose was gradually and cautiously increased so that at the end of three months, the patient was taking eight grains of the drug daily. At the expiration of this time, the patient had greatly improved. He was no longer irritable and gloomy, but was sprightly and hopeful. The paroxysms, which had been frequent and severe, had entirely ceased. The patient died six months afterward from an intercurrent disease. The writer believes that if hydrocyanate of iron had been used sooner, a permanent cure would have been effected. There is one thing sure in this case, that it controlled the paroxysms better and more effectually than any remedy that had been administered before. Since that time Dr. Baylor has administered the remedy to some eight



or ten cases with decided success, about one-half of this number being cured; others being old and chronic cases, were more or less benefited.—*Medical Anæsthetic*, July, 1887.

#### Action of Antipyrin on the Spinal Cord.

M. Chouppé, at a recent meeting of the Société de Biologie, described experiments which confirm those of Germain Sée in regard to the diminution of reflex excitability by antipyrin. M. Chouppé's experiments consisted in attempts to neutralize the convulsive action of strychnine by antipyrin. In this, he was successful. With a dog to whom strychnia had been given in doses that produced convulsions so severe as to make death imminent, it sufficed to use two grains of antipyrin hypodermically to render breathing once more regular and natural. In the discussion which followed, M. Gley called attention to the well-known fact that large doses of antipyrin produced convulsions similar to those of strychnia poisoning, and asked how this fact was compatible with a lessening of reflex excitability in the cord. M. Brown Sequard suggested that the opposing action of antipyrin to strychnia might be similar to the opposing action of different bromides and some other substances. For instance, bromide of potassium alone will produce bromism which the same dose of mixed bromides will not. M. Laverde claimed that as a rule it was true that substances that in small doses were anticonvulsive, in large doses were convulsives, and *vice versa*.—*Jour. of the Amer. Med. Assoc'n*, July 30, 1887.

#### Surgical Puncture of the Heart.

A medical writer has suggested puncture of the heart as a means of relief in chloroform narcosis. Dr. T. Wesley Mills shows that certain phenomena which result from puncture of the heart, render such a procedure extremely dangerous. That a heart which has ceased to beat can often be restarted by needle puncture is well known. Kronecker has found, however, that when the puncture is made in a certain vulnerable area, near the line of the left coronary artery, therefore near or in the septum of the ventricles at about one-third of the distance from the base of the heart, the ordinary ventricular beat is arrested and there is substituted for

it a "fibrillar" action, a sort of incoordinated movement of the muscular fibres, quite ineffective in expelling any blood from the organ. The auricles continue to beat as usual, and while they remain amenable to the vagus nerve, the ventricles pass wholly beyond its control. These phenomena in the dog last from seven to ten minutes when the heart is arrested beyond the recovery. There is reason to believe that the heart of man would behave similarly to that of the dog. They may also explain why certain slight wounds of the heart have proved fatal while much more serious ones had been recovered from. Surgical puncture of the heart should not be resorted to as a therapeutic measure in chloroform narcosis, for while the insertion of a needle into the organ might excite it to action, it might also cause a feebly beating heart that might recover if given a chance, to become hopelessly incoordinated.—*Medical News*, July 9, 1887.

#### Voluntary Passive Motion in Cases of Paralysis of the Extensors of the Forearm.

In cases of paralysis of the extensors of the forearm, lead palsy, or dropped wrist, the inability of the patient to move his wrist is a source of marked mental depression. Otherwise in apparent good health, he is deprived of his only means of support, his hand is powerless, and he is as effectually crippled as if he had not any hand. The slow progress of his case still further increases his despondency. Now, if by any means we can cause the patient to move fully his paralyzed wrist (paradoxical as the assertion may appear), we have made an impression not only for good on the mind of the patient, but we have also actually made an advance in the treatment of the case.

The method is a simple but effectual one. The patient is requested to supinate his forearm; the palm of the hand is then turned upward, the back downward. At the same time as the position of supination is somewhat tiresome, he is directed to support the affected arm just above the wrist with the opposite hand. He now flexes the wrist upon the forearm—this he can readily do of his own volition; he then, when the wrist is at extreme moderate flexion, relaxes the flexors, and the hand falls back to its original position of extension, gravity being the factor that causes

it to fall back. The position of flexion of the wrist is again assumed and again gravity causes the hand to fall back. Thus the patient practises passive motion whenever he chooses to do so, or according to the direction of his medical attendant. We have thus by this simple method of voluntary passive motion in a partially paralyzed limb, secured a valuable adjunct in the treatment of a class of cases oftentimes tedious in the extreme both to the physician as well as to the patient, and in which we are glad to accept the slightest hint that may prove of service in the treatment.—*Medical Analectic*, July, 1887.

## News, Etc.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA AND THE SEMI-CENTENNIAL OF HOMŒOPATHY WEST OF THE ALLEGHENIES.—In connection with the coming meeting of the Pennsylvania State Society will be celebrated the fiftieth anniversary of the introduction of homœopathy west of the Alleghenies. The celebration exercises will take place on Tuesday, September 20th, at 3 P. M., at the Pittsburg Opera House. A dinner will be tendered the Society at the Monongahela House, at 8 P. M., of the same day. Dr. J. P. Dake will deliver an historical address. Addresses will also be delivered by Drs. A. R. Thomas, of Philadelphia, D. S. Smith, of Chicago, J. W. Dowling, of New York, J. C. Burgher, of Pittsburg, and Dr. Wm. Tod Helmuth, of New York, will read an original poem. Remarks will also be made by other physicians of distinction.

Arrangements have been made with the Pennsylvania and Baltimore & Ohio Railroad companies by which physicians and their families desiring to attend the meeting can secure tickets at the reduced rate of two cents per mile. All who propose going to Pittsburg in September should at once write to the undersigned, stating the name of the road by which they will travel, and the number of card-orders they will require. Those not residing on either of the above roads, should purchase tickets to the nearest junction with the same and use the card-orders beyond that point.

Clarence Bartlett, Corresponding Secretary, 1506 Girard Ave., Phila., Aug. 20th, 1887.

The following papers will be presented for discussion during the sessions of the Society:

"Cystitis," by the Allegheny County Society, prepared by Drs. C. A. Wilson, J. B. McClelland, C. R. Rinehart and Z. T. Miller.

"Syphilis as an Unrecognized Factor in Disease," W. B. Trites, M. D. Philadelphia.

"Petroleum in Eczema," J. H. Closson, M. D., Philadelphia.

"Marasmus," S. F. Shannon, M. D., Sewickley.

"Diseases of the Ductus ad Nasam," Jos. E. Jones, M. D., West Chester.

"Hypertrophic Rhinitis," W. H. H. Neville, M. D., Philadelphia.

"Atrophy of the Optic Nerve," W. H. Winslow, M. D., Pittsburg.

"The Ophthalmoscopy of the General Practitioner," R. W. McClelland, M. D., Pittsburg.

"Chromic acid in Post-nasal Growths," Horace F. Ivins, M. D., Philadelphia.

"The Diagnostic Value of the Various Types of Bulbar Injection," Wm. H. Bigler, M. D., Philadelphia.

"Materia Medica Bureau Work," C. Mohr, M. D., Philadelphia.

"On the Exclusion of Irrelevant Symptoms from the Materia Medica," Aug. Korndorfer, M. D., Philadelphia.

"The Mind Symptoms of the Homœopathic Materia Medica," A. P. Bowie, M. D., Uniontown.

"Repertorial Arrangement of Mental Symptoms," Z. T. Miller, M. D., Pittsburg.

"Repertorial Arrangement of Sensorial Symptoms," J. C. Guernsey, M. D., Philadelphia.

"Repertorial Arrangement of Cough Symptoms," C. S. Middleton, M. D., Philadelphia.

"Repertorial Arrangement of Renal Symptoms," Theo. J. Gramm, M. D., Philadelphia.

"Cansticum and Coffea," Edward Cranch, M. D., Erie.

"Remedies Simulating the Nervous Symptoms Common to Diabetes and Morbus Brightii," S. Lilienthal, M. D., San Francisco, Cal.

"Furunculous Affection Arising from the Bite of the Squash-Bug," E. M. Gramm, M. D., Philadelphia.



"Catarrh of the Cervix Uteri," Phila. County Society.

a "Etiology, Symptomatology, etc." B. F. Betts, M. D.

b "Pathology," W. K. Ingersoll, M. D.

c "Treatment," I. G. Smedley, M. D.

"Clinical Cases," Millie J. Chapman, M. D., Pittsburg.

"Rest and Exercise in the Treatment of Pelvic Diseases," Emma T. Schreiner, M. D., Philadelphia.

"Cyanosis Neonatorum," Mary Branson, M. D., Philadelphia.

"Ovular Abortion," O. B. Gause, M. D., Philadelphia.

Title not announced, C. F. Bingaman, M. D., Pittsburg.

"Case from Practice," W. A. Hassler, M. D., Allentown.

"A Few Surgical Cases," H. J. Evans, M. D., Altoona.

"Curvature of the Tibia and Fibula," M. J. Buck, M. D., Altoona.

"Myo-Fibromata of the Uterus," W. Tod Helmuth, M. D., New York.

"The Open Section in Orthopaedic Surgery," L. H. Willard, M. D., Allegheny City.

"A Marked Case of Melanosis," J. H. McClelland, M. D., Pittsburg.

Title not announced, Chas. M. Thomas, M. D., Philadelphia.

Title not announced, Jno. E. James, M. D., Philadelphia.

"The Early Diagnosis of Pott's Disease, with Illustrative Cases," Clarence Bartlett, M. D., Philadelphia.

"Surgical Cases," W. R. Childs, M. D., Pittsburg.

"Remarks on Cocaine in Surgery," W. B. Van Lennep, M. D., Philadelphia.

"Acute Mania following Pneumonia, and Exfoliative Dermatitis," D. R. Harris, M. D., New Castle.

"Clinical Cases," J. M. Maurer, M. D., Washington.

"Clinical Cases," F. C. Gundlack, M. D., Pittsburg.

"Rhus tox in Diphtheria of the Lips," Thos. Nichol, M. D., Montreal, Canada.

"Clinical Cases," R. K. Fleming, M. D., Pittsburg.

"Two Cases of Retro-Pharyngeal Abscess," F. C. Parsons, M. D., Meadville.

"Dermatitis Calorica," E. M. Gramm, M. D., Philadelphia.

"On Some Points in the Treatment

of Gastric Disorders," Clarence Bartlett, M. D., Philadelphia.

"Sizygium in Diabetes," M. M. Walker, M. D., Philadelphia.

"A Peculiar Objective Symptom in Enlargement of the Liver in Ascites," John C. Morgan, M. D., Philadelphia.

"Three Cases of Sciatica," Wm. J. Martin, M. D., Pittsburg.

"Points in the Pathology of Obesity," J. C. Morgan, M. D., Philadelphia.

"A Case of Locomotor Ataxia," Joseph Rhodes, M. D., Philadelphia.

"A Pathological Conundrum," F. F. Laird, M. D., Utica, N. Y.

"A Case of Suspected Poisoning," Chas. A. Wilson, M. D., Allegheny.

"Chronic Interstitial Nephritis in Children," W. C. Goodno, M. D., and E. L. Oatley, M. D., Philadelphia.

General Paper on "Inter-State Quarantine," Bushrod W. James, M. D., Philadelphia.

"The Responsibilities and Duties of Hotels, Lodging and Boarding Houses, in regard to Epidemic Diseases," Sarah J. Coe, M. D., Wilkesbarre.

"The Responsibility and Duty of Summer Resorts and Families, in Reference to Epidemic Diseases," Wm. H. Malin, M. D., Chestnut Hill, Phila.

"What Kind of Quarantine and Inspection is Required in Regard to an Asiatic Cholera Epidemic," Jas. B. Wood, M. D., West Chester.

"What Kind of Quarantine and Inspection is Required in Yellow Fever," C. D. Herron, M. D., Pittsburg.

"What Kind of Quarantine and Inspection is Required in Scarlet Fever and Diphtheria," Theo. M. Johnson, M. D., Pittston.

"What Kind of Quarantine and Inspection is Required in Variola," A. Parsons, M. D., Springboro.

THE SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION will hold its Fourth Annual Session in the city of New Orleans, December 14-16, 1887. The Secretary is C. G. Fellows, M. D., New Orleans, La.

VACANCY ON THE RESIDENT STAFF OF THE PITTSBURG HOSPITAL.—There will be a vacancy on the Resident Staff of the Pittsburg Homeopathic Hospital on October 1st, next. Application should be made at once to Dr. J. H. McClelland, Chairman of the Executive Committee, 411 Penn avenue, Pittsburg.

This hospital, with its large dispen-

sary, affords extraordinary opportunities for the acquirement of practical experience. Each resident serves successively in the medical, lying-in and surgical wards.

**PERSONAL ITEMS.**—Dr. M. T. Wilson of San Francisco, has changed his office and residence from 136 Haight street to 125 Taylor street.

Dr. W. H. H. Jackson, of Oil City, Pa., has been appointed Company Surgeon to the Lake Shore and Michigan Southern Railroad.

Dr. Edw. W. Mercer, of Philadelphia, Pa., has removed to 157 North Fifteenth street. His specialty is obstetrics and gynecology.

Dr. R. B. House, formerly of Tecumseh, Mich., has removed to Springfield, Ohio, and has formed a co-partnership with Dr. E. V. Van Norman. Address No. 3 Mitchell Block.

Dr. Orville W. Lane, (Hahn, Phila., '87), has located at Great Barrington, Mass.

Dr. E. A. KREWSSEN, (HAHN, Phila., '87), has located at Collegeville, Montgomery County, Penna., succeeding Dr. Hamer, who has removed.

Dr. SAMUEL WORCESTER left New England on August 16th, for his new home in El Cajou, San Diego Co., Cal., where he proposes to engage in the practice of his profession and also interest himself actively in fruit-growing. He will have an office for consultation in the city of San Diego.

Dr. Worcester is well known to the profession as the author of a standard work of *Insanity*, and also as the lecturer on *Insanity and Nervous Diseases* in the Boston University School of Medicine for several years past. The best wishes of his eastern colleagues will follow him to his new home.

## Obituary.

**JEANES.**—On Friday, August 19th, Mrs. Eliza B. Jeanes, widow of Dr. Jacob Jeanes, died at her residence, corner of Vine and Juliana streets, Philadelphia, at the age of about 87 years.

Mrs. Jeanes' death takes from our midst a noble Christian lady, who for half a century was one of the strongest friends and advocates that homœopathy has possessed. Amid the early struggles of the new system of medicine, she stood beside her distinguished husband as a true helpmeet, and gave liberally of her talent, her means and her open-handed hospitality to forward the work and cause to which all Dr. Jeanes' energies were devoted. Her home was for many years a sort of central point, at which gathered the little assemblages of homœopathic workers, and from which radiated help and cheer in all directions. When the charter of the first homœopathic college was applied for, and the indifference of legislators and the opposition of allopathists seemed almost certain to prevent its enactment, Mrs. Jeanes set in operation a train of influence which overthrew all opposition and speedily secured the passage of the Act of Incorporation. From that time she was the friend of the institution and gave her influence in its support. She was also the early and warm friend of the American Institute of Homœopathy, and more than once entertained its members at her home. Her departure, even at a ripe old age, will be deeply regretted by a large circle of friends.

**LUKENS.**—August 19th, 1887, at his residence in Wilmington, Del., Isaiah Lukens, M. D., aged 70 years. Dr. Lukens was a practitioner of medicine for forty years, the first half of which was spent in Philadelphia, the last in Delaware. One of his sons is a physician, practicing homœopathy in the latter-named State. The remains of Dr. Lukens were interred at Friends Meeting-house at Horsham, Pa.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

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HALF-YEARLY REPORT OF THE SURGERY AT "HELMUTH HOUSE," N. Y.  
BY S. H. KNIGHT, M.D., HOUSE SURGEON.

This private institution was opened Dec. 20th, 1886, and closed for renovation and antisepsis about June 20th, 1887. The house is to be re-opened the first week in September. It can accommodate in all about twenty patients, twelve in the private rooms and four in each of the wards.

During the six months of its existence, it has more than fulfilled the expectations of its friends. At no time during the past half-year has there been a lack of interesting cases, as may be seen from the following table.

Professor Helmuth has requested me to include in this table two cases of ovariectomy not performed in the Helmuth House, to finish his fifth consecutive series of fourteen each.

The rules of the house with reference to disinfection are: During the closure through July and August, the entire building is renovated. This is accomplished in the most thorough manner. Any needed alterations and repairs are made. The house is thoroughly cleaned, the wood-work washed and painted, all carpets and mats taken up and sent away to be beaten and cleaned. The entire plumbing is inspected and put in thorough working order. After the repairs and alterations are finished, the furniture and carpets are returned to the freshly cleaned rooms and fumigated.

*Articular Disease.*

Hip . . . . .	1
Knee . . . . .	1

*Carcinoma.*

Breast (schirrus) . . . . .	5
Cheek (epithelioma) . . . . .	1
Nose (epithelioma) . . . . .	1
Omentum (spheroidal celled) . . . . .	2
Rectum (epithelioma) . . . . .	1
Penis (epithelioma) . . . . .	1
Urinary calculi . . . . .	2
Cleft palate . . . . .	1
Coccydynia . . . . .	1
Cystitis . . . . .	8
Deviations of nasal septum . . . . .	2

*Fistulæ.*

Recto-vaginal . . . . .	1
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*Fracture.*

Clavicle . . . . .	1
Hare Lip . . . . .	1

*Lacerations.*

Cervix uteri . . . . .	9
Perineum . . . . .	2
Mania . . . . .	2
Menorrhagia . . . . .	2

*Obstruction of bowels.*

Invagination . . . . .	2
Volvulus . . . . .	1
Pregnancy . . . . .	1
Phimosis . . . . .	3
Retroversion uterus . . . . .	3
Rotary lateral scoliosis . . . . .	2

*Tumors.*

Colloid cyst of thigh . . . . .	1
Cystic of ovary . . . . .	14
Colloid cyst of lip . . . . .	1
Hygroma of neck . . . . .	1
Lipomata . . . . .	2
Myo-fibromata of uterus . . . . .	8
Myeloid of jaw . . . . .	1
Polypus uteri . . . . .	1
Pseudocyesis . . . . .	2
Sarcoma (cystic) of testicle . . . . .	1
Vasc. caruncle of the urethra . . . . .	2

Tuberculosis of the peritoneum . . . . .	2
Vaginismus . . . . .	1

## OPERATIONS.

*Amputations.*

Breast . . . . .	5
Coccyx . . . . .	1
Glans penis . . . . .	1
Circumcision . . . . .	3
Curetting uterus . . . . .	1
Cauterization of abdomen . . . . .	2
Hare lip . . . . .	1

*Laparotomies.*

Exploratory incisions . . . . .	4
Hysterectomies . . . . .	4
“ with ovariectomy . . . . .	1
Hysterorrhaphy . . . . .	1
Ovariectomies . . . . .	14
Volvulus . . . . .	1
Perineorrhaphy . . . . .	2
Recto-vaginal fistulæ . . . . .	3
Trachelorrhaphy . . . . .	8

*Tumors removed.*

Caruncula urethræ . . . . .	2
Colloid cyst of thigh . . . . .	1
“ “ lip . . . . .	1
Cystic sarcoma testis . . . . .	1
Epithelioma of cheek . . . . .	1
Lipoma . . . . .	1
Myeloid of jaw . . . . .	1
Vaginismus . . . . .	1

*Deaths.*

Cancer . . . . .	2
Cerebral congestion . . . . .	1
Hysterectomy . . . . .	1
“ with ovariectomy . . . . .	1
Obstruction of bowels . . . . .	1
Ovariectomy . . . . .	1
Exhaustion . . . . .	1
Shock . . . . .	2

*Summary.*

Died . . . . .	9
Cured . . . . .	65
Improved . . . . .	5
Under treatment . . . . .	11
Unimproved . . . . .	4



The following plan of fumigation is adopted: After stopping all cracks in each room at least two pounds of sulphur is burned there and the room kept tightly closed for from thirty to forty-eight hours. After this a second disinfection is given by means of the bichloride spray. The apparatus used is the Weir atomizer with a 1-2000 solution of the bichloride. As each room is vacated by a patient during the winter it is thoroughly cleaned, the bedding aired and the apartment fumigated with the sulphur as above described.

During the summer all instruments needing repairs or having a cutting edge, are deposited at Tiemans' for polishing and sharpening. The other instruments are cleaned and packed away in antiseptic cotton until needed in the fall.

From the list of cases the following have been selected as worthy of note:

#### AMPUTATION OF THE BREAST.

There have been five (5) of these amputations for morbid growths and in all, the plan of removing the entire gland and all indurated adenoids has been followed.

Deep sutures of silver-wire, clamped with leaden buttons, have served to draw together the deeper portions of the wound, while superficially the integument has been approximated with catgut. The results have been most satisfactory. Primary union has been invariably secured, leaving scarcely the trace of scar. Bone drainage tubes have been abandoned for rubber, as it has been found that the former are often absorbed too early, and that deep abscesses have resulted from the contained discharges having no outlet.

In these amputations of the breast, especial efforts are made to arrest all bleeding and have the wound clean, dry and glazed before closing it. It is, moreover, irrigated with the bichloride (1-2000) several times during the sewing process.

The patients suffer very little discomfort, beyond being compelled to lie quietly in bed for a time. The dressings applied at the time of the operation are not renewed for two weeks or more. It may be well to leave a small separate piece of dressing at the mouth of the drainage tube to catch any unusual discharge during the first forty-eight hours. At the end of that time this piece, if soiled, can be replaced without disturbing the other coverings. The contrast between this and the old method, where frequent and painful dressings were required, can only be appreciated by those who are conversant with both methods.

## COCCYDYNIA.

An interesting case was that of a lady who for the past twelve years had suffered from coccydynia and all the miserable symptoms it occasions in different parts of the body. The trouble began at the birth of a child, said to be ten months in utero and some time dead, and was aggravated about seven years since, by a fall down stairs. Relief had been sought at various hospitals in Portland and Boston; where, as the patient said, polypi had been removed from the rectum. An examination showed the coccyx bent directly inward at a right angle with its normal position and pressing upon the rectum. A systematic course of counter-irritation having failed to give any relief, the removal of the coccyx was decided upon as the only means of cure. Medicines administered previously and during her stay in the house were only palliative in their action.

The entire coccyx was excised by an incision about three inches in length, extending to within one inch of the anus. The bone was much enlarged beside being malposed. It was severed from its attachments with large forceps and the wound left to heal by granulation. Relief was experienced by the patient immediately; whether permanently or not time will show, but from every indication the cause being removed, the reflex symptoms will, it is hoped, in time disappear.

## CYSTITIS.

A primary affection, acute cystitis is always painful and sometimes intractable. When it occurs as a complication, after operation, it is doubly distressing both to the sufferer and the attendants. If the trouble arise after an operation for lacerated perineum the bladder symptoms are always intensified. After an abdominal section, if the patient has previously had vesical trouble, the operation is likely to re-establish the difficulty. For this reason, the nurse should be careful when using the catheter; should be furnished with a new one for each case; and see that it is kept thoroughly antiseptic and very clean.

When the symptoms are of an acute, spasmodic nature much relief has followed the exhibition of acon., hyoscy., can. sat., canthar., merc. cor., sandal-wood oil, lycop, etc.

Where the mucous lining of the bladder is affected, rendering the urine alkaline and causing its decomposition, washing the bladder with a weak solution of borax is, we find, of invaluable aid. This irrigation may be accomplished, by simply allowing a large quantity of water to flow in and out of the bladder through a double catheter; or by filling the viscus from a fountain syringe through a catheter once



or twice. A good plan is to withdraw the catheter when the last filling has been accomplished, and to allow the patient to pass the solution *per vias naturales*. By this means shreds that would not be discharged through a catheter are easily voided. The instrument of Keyes, by means of a stop-cock, with two ways, is also very useful and is much used by Dr. Helmuth. It is better to use some weak solution of an antiseptic or cleansing nature rather than pure water.

#### LACERATIONS OF THE CERVIX UTERI.

There have been eight operations for laceration of the cervix uteri. One needs no stronger argument for the performance of this operation than the result obtained in some of these cases immediately upon their recovery. In general, Emmet's method of operating is followed. A new stitch was used in some of these cases, which promises to be of use in those parts where there is experienced difficulty of removal. The stitch, I think, goes by the name of Winslow's, and consists of a strand of silver wire with a spiral on the end. After the needle has been passed through the tissues it is run through the spiral and the stitch drawn tight. The end is now secured by clamping on a shot too large to slip through the coil. To remove the suture it is necessary only to cut off the shot and draw on the coil.

Case 21. This was complicated with prolapse, catarrh, and uterine fibroids. Patient could take but little exercise without being completely exhausted. The patient spent about one-half of her time in endeavoring to prepare herself to enjoy the other half. Union of laceration was perfect. Six weeks after the operation, she reported that after being at home two weeks, two of her children were taken with diphtheria; she nursed them herself, was herself infected and had been out of bed but a short time, yet was feeling "better than for years." The improvement continues up to the present time.

Case 34. This laceration was not particularly deep, but accompanied by an annoying tendency to miscarriage. Union perfect, and patient has since reported the operation as benefitted her in every way.

Case 41. Was marked by hyperplasia and neuralgic pains accompanied by spasms. After the operation a rapid reduction in the size of the uterus took place and no return, as yet, of the spasms.

It would be useless to account other cases of trachelorrhaphy, but, it may be said here by way of parenthesis that of many cases that are presented, Dr. Helmuth operates only upon those whose symptoms reflex and primary demand it, believing that but one case in ten,

actually calls for surgical interference, and that really very often proper applications and medical treatment are sufficient to cure the patient.

#### OPERATIONS UPON THE NOSE.

Recently devised operations upon the nose for the purpose of remedying congenital or acquired deformities, have been numerous and successful. No sensitive individual need fear a crooked nose if a surgical operation can be borne, for by taking away a larger or smaller portion of the cartilaginous septum, a straight, becoming organ may be obtained.

Case 31. The patient a young man, æt twenty-two years, fell two years ago from a bicycle striking his nose, depressing the nasal bones and driving the septum over against the left nasal process, thus completely closing the canal on that side. His discomfort when suffering from an acute catarrh was extreme; moreover, the deformity was very noticeable and his voice was affected.

The septum was rebroken by an instrument devised especially for that purpose. A clamp was put upon the refractured septum holding it in place while a plug of hard rubber, moulded to the contour of the cavity, was inserted into the left side to prevent any encroachment upon its calibre. The result was satisfactory in every way.

Case 36. A young lady whose nose had been broken when a child, and had been allowed to reunite without any attempt to remedy the deformity, presented herself for treatment. An ugly, white projection into the cavity of the right nostril was very conspicuous and caused much worriment of mind. The septum was rebroken in the same manner as in case 31, and the same general treatment adopted with as good a result, *viz*, a very noticeable deviation of the nose from the straight line was corrected to the great satisfaction of the patient, and the "white projection" entirely disappeared.

In all operations upon the nose, by reason of the intimate connection of the venous circulation with the cavernous sinus through the frontal and ophthalmic veins, there is always more or less danger of septic absorption. For this reason partly, and partly from the sensitiveness of the tissues operated upon, there is always more headache and constitutional disturbance than the magnitude of the operation seems to warrant. Again serious symptoms of meningitis have been known to result from the severe handling of the bones and extension of the necessary inflammation consequent upon the refracture.

In case 31 the patient experienced several slight chills. In case



36, for several evenings the temperature rose from  $101^{\circ}$  to  $103\frac{1}{2}^{\circ}$ ; indeed on two days I was obliged to remove the plug for the night and use antiseptic injections, giving acon. internally.

#### INTESTINAL OBSTRUCTION.

Cases of acute intestinal obstruction need the most prompt treatment as they are rapidly fatal. The obstruction may arise from a variety of causes, but the one here portrayed is rather unique in its connection with a successful ovariectomy.

The patient was one from which a small ovarian tumor had been removed by an operation fraught with no difficulty and completed in twenty-eight (28) minutes. The pedicle, which was firm though narrow, was tied as usual with Tait's knot and replaced in the abdominal cavity. The patient vomited violently the first night, but passed flatus freely on the second day, the temperature and pulse being good. On the third night severe eructations appeared, followed by vomiting, which soon became stercoraceous, violent attacks occurring every fifteen (15) minutes. Nux vom., and large enemata of ox-gall and soap-suds, although persistently tried with the long tube, produced no effect. It was plainly evident that some obstinate obstruction, probably a twist in the bowels, had occurred. As soon as Dr. Helmuth arrived, a reopening of the wound was decided upon, and quickly accomplished without lifting the patient from the bed, as she appeared almost in collapse. Upon drawing out the coils of the intestines, which were in some portions mottled and purplish, a remarkable condition of strangulation was disclosed. Firmly twisted about the pedicle were two loops of the small intestines, completely obstructing the gut. These were straightened, a rectal tube inserted and accumulated flatus passed per anum—a *signum salutis*. The wound was again sewn up. During the operation the condition of the patient, exhausted as she was by her previous efforts at vomiting, was critical in the extreme; she sank very rapidly during the efforts to untwist the intestines, but with the removal of the obstruction she soon rallied and recovered without a mishap.

Cases of chronic intestinal obstruction, whether due to chronic inflammatory processes, strictures (perhaps cancerous) or from fecal accumulations, are apt to become for the time acute. The cases are doubly dangerous as they combine the difficulties of both conditions; such a one is exemplified in case 24, a lady, aged sixty-three. The trouble was one of long standing: a tuberculous condition of the bowels, with frequent attacks of constipation, existed together with

much fluid in the peritoneal cavity. The fluid was drawn off by an exploratory incision, the abdomen explored and large masses of tubercles discovered. The severe oppressing symptoms were much relieved, but before the patient fully recovered, a complete intussusception occurred and in spite of every effort proved fatal in a very short time.

Case 68. A man æt 35. In October, 1886, had attacks of obstruction which lasted ten (10) and even fourteen (14) days. He suffered much with swelling of the abdomen and intensely sharp pains which nothing but hypodermics of morphine would quiet. Upon careful examination, a marked dullness and apparent thickening of the abdominal wall, extending from the pubes nearly to the umbilicus was discovered, but there was no feeling of fluctuation in the tumor, nor was it nodulated. A very marked cachectic look and wasting of the whole body characterized the patient, yet his appetite was fairly good. A provisional diagnosis of omental cancer was made but no operative treatment was advised, because not only was his condition one of extreme exhaustion but he had also become a habitual taker of morphine. When he left the hospital his appetite had improved, he felt stronger and had a movement every day.

Two months after, he died of exhaustion. Post-mortem (as reported) showed no pathological change further than a stricture at the junction of the large and small intestines, of a size sufficient only for a small goose-quill to pass.

#### THE DIAGNOSIS OF ABDOMINAL TUMORS.

Many are the mistakes made in the diagnosis of tumors of the abdomen. Numerous instances are on record of distinguished surgeons not discovering their mistake until a very serious operation has revealed it to them, coupled, perhaps, with the sacrifice of human life. If those most experienced make such mistakes, how much more in the dark are the ordinary practitioners? Even if the nature of a tumor has been rightly diagnosed, it is impossible, often, to predict what are the nature and character of the adhesions, or the relative ease of its removal, until an incision has been made and the parts exposed to view. Some very instructive lessons have been given in the cases that have come to the hospital this winter.

Case 5. A myo-fibroma of the uterus had been diagnosed by several well-known specialists, but when the operation of hysterorrhaphy was performed no trace of a tumor could be found, but a complete retroversion and hyperplastic fundus existed. (See *Homœopathic Journal of Obstetrics*, May, 1887).



Case 9. Lady near the climacteric period complained bitterly of various vague symptoms and all manner of pains, seeming to centre at the epigastric region. There was a marked general adipose development. A diagnosis of abscess of spleen had been made, and she had been sent to New York to have the same opened. She had a normal temperature and pulse, no constitutional disturbance and when under an anæsthetic nothing but an excess of fat in the abdominal wall could be found. The symptoms were purely reflex and belonged to her period of life.

Case 25. Lady æt. 65. For the last two years the patient had been treated for various diseases of the liver and kidneys, with the expectation of reducing an œdema of both legs, and an abdominal dropsy. At the end of that time the diagnosis of an ovarian cyst, with dropsy from chronic peritonitis, was made by Dr. Helmut. The operation showed a multiple cyst and some twenty quarts of effusion.

Case 27. This case is without doubt the rarest that has been presented, and the specimen worthy of careful study as it is unique in many respects. This lady enjoying fair health, had been examined previous to her entrance by two physicians; one detecting a large and very hard fibroid. No fluid could be secured by the aspirating needle; in fact it was found impossible to make it pierce the tumor. Much force, even at the risk of breaking the needle, was employed without result. At a second examination typical ovarian fluid was secured. The operation revealed a myo-fibroma, with calcareous deposits and attached to it an ovarian cyst holding fifteen (15) pints.

Case 39. An unmarried lady of sixty-five years. She had a tumor for two years. Was very hysterical. A simple touch upon her abdomen would cause her to double up from nervousness and almost spring out of bed. In the left inguinal and hypogastric regions was a swelling, dull, with the dullness sharply defined. Palpation showed no fluctuation, the abdominal wall was tense and the swelling evidently superficial. Complete etherization reduced entirely the tumor, the dullness changed to tympanitic resonance and no trace of the swelling was left.

Case 58. By auscultation a foetal heart was distinctly heard, thus pregnancy established, and an operation for an ovarian tumor avoided. This case was sent to be diagnosed and operated upon immediately, if necessary.

Knowing the difficulties attending the diagnosis of these tumors, and also knowing that an operation once begun cannot always be finished, operators of experience adopted a procedure now known as

exploratory laparotomy, which enables the operator to take cognizance of the entire cavity, ascertain the character and kind of tumor and determine the feasibility of further interference.

#### ABDOMINAL SECTIONS.

Many abdominal sections of various descriptions have been performed at Helmuth House this winter. Whatever their nature, they have all been conducted on the same general plan. Perfect cleanliness with antiseptics (without absolute listerism), has been the rule. Especial efforts have been made to hasten every laparotomy as much as possible. Consequently there has not been a single case of septic poisoning in any of the operations.

It has been asserted that American surgeons do not exhibit such uniformly good results as those abroad, especially the English. The difference in favor of British surgeons may be, that their patients are as a rule, more phlegmatic, and that the climate is more favorable. It is also alleged that unless the cases presented are favorable, they are not completed, the incision being simply sewn up. I am correct, I think, when I say that with the majority of American surgeons, if there be a reasonable hope of saving the patient, the operation is completed.

Hysterectomy is serious in its nature, and its mortality so high that it has been excluded from justifiable operations, except in extreme cases. A mortality of twenty per cent. in all cases, (Dr. Helmuth's), with only one death in the last seven cases, is not much higher than the average for ovariectomy. If the tumor can be quickly removed the danger from shock is little, that from hemorrhage slight and from septicæmia very small. Of the four cases operated upon this winter, the fatal one (from shock) was the smallest tumor, but from its peculiar position, the one most difficult and tedious in extraction. Of the other three not one suffered any appreciable amount of shock; not one was troubled with vomiting, and in one only did the temperature reach  $102^{\circ}$  at any time; the highest of the others being  $101\frac{3}{4}^{\circ}$  during the sloughing of the pedicle. For the first five days the temperature was most of the time  $100^{\circ}$  or less, and the pulse always below  $100^{\circ}$ .

The pedicle generally comes off in about four weeks, and in another week the patient is ready to go home.

Hysterorrhaphy has not, as yet, been long enough before the profession to have received its legitimate place in surgical gynecology. It appears that Alexander's operation does not meet with the success that was hoped for it and it may be that hysterorrhaphy will prove



superior to it. If the uterus be fixed with wire instead of silk or catgut, it can be held in correct position long enough to ensure a healthful tension of its supports, and by the encystment of the wire, a new set of ligaments may be formed. All this, however, is as yet, problematical. (See *Homœopath. Journal of Obstetrics*, May 1887.)

#### CYSTIC DISEASE OF THE TESTICLE.

This is a rather uncommon affection of the testicle, and may be innocent or malignant. Its cause is obscure, but may be traumatic or from specific inflammation. It is very often confounded with hydrocele. It is, however, opaque, more globular in shape and very heavy. In the same tumor are found cysts, fibrous tissue, cartilage with spindle and round-celled sarcomatous tissue.

Case 32. Showed a tumor of nine months' growth, hard, globular and very heavy, causing much pain in the loins and a great deal of mental anxiety. It was growing rapidly. Complete removal was accomplished, and a Tait's knot thrown around the cord, the ends being left out for drainage. Recovery took place without any mishap.

Microscopic examination showed tissues of various natures: cartilaginous, fibrous, myxomatous and sarcomatous, all being present. The gross appearance shows many cysts of various sizes, which have probably arisen from the rete testis.

HELMUTH HOUSE, July '87.

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#### ARSENICUM IN DISEASES OF THE EAR, NOSE AND THROAT.

BY EDUARDO FORNIAS, M. D., PHILADELPHIA, PA.

##### AURAL SYMPTOMS.

*Hearing*.—Unusual sensitiveness to sounds. (acon.) Hyperacusis; hardness of hearing, as if the ear were stopped up, especially for the human voice. (phos.) Dysecœa. The ear becomes closed during deglutition. Deafness.

*Abnormal sounds*.—Roaring in the ears, particularly during each paroxysm of pain; noise, as of rushing water; tingling (also in the head)—confused noise and sound of bells; singing in the right ear when sitting.

*Pains and sensations*.—Dragging, lacerating, *burning* in the ears; stitching pains in the left meatus auditorius at night, from within outwards (amm. m.); with each paroxysm of pain, roaring in the ears. (china.) Constriction; voluptuous formication and sensation of great heat in the ears.

*Adjacent parts.*—Burning itching in the canal ; red burning pustules which become painful ulcers in the canal and upon the auricle where the discharge touches ; malignant swelling of parotids.

*Discharges.*—Foul, profuse, ichorous, irritating ; yellow discharge from the right ear, with dryness of the nose, with normal hearing power. [ars. jod., fetid, corrosive otorrhœa, scrofulous taint.] See nasal discharges.

#### NASO-PHARYNGEAL SYMPTOMS.

*Smell.*—Offensive smell before the nose—or of *pitch and sulphur* ; delusion of smell ; cannot bear the smell (or sight) of food.

*Nose.*—Redness of mucous membrane ; swelling of the nose ; knotty tumors ; furfuraceous desquamation of the epidermis ; ulceration of the nostrils, high up (with discharge of an ichorous, fetid and bitter-tasting matter) ; violent, frequent sneezing ; dryness of the nasal fossæ—scabs in nostrils, which when torn away, leave the parts raw and bloody until other scabs are formed ; cannot breathe through nostrils when asleep.

*Pains and sensations.*—Pain in the root of the nose ; stitches in the bone ; *violent burning* both internally and externally ; biting and soreness ; distressing stoppage at the bridge of the nose ; stoppage alternating with running.

*Adjacent parts.*—Soreness ; red, herpetic burning skin of the upper lip, especially below the nostrils ; crusts in upper lip ; throbbing headache over the root of nose ; dull and tight head ; severe throbbing and splitting or bursting pain in the antrum.

*Discharges.*—*Fluent, watery, burning, excoriating nostrils and upper lip* (arum, cepa, euphras., merc.)\* ; fetid and bitter-tasting ichor ; discharge of burning mucus from right nostril (arum left) ; water drops all day from the nose ; violent epistaxis.

*Fauces and pharynx.*—Scraping, pain and *burning* in the fauces ; lacerating and *burning* in the pharynx ; *great dryness of throat and mouth*, inducing constant drinking (Bryon) ; *gangrenous inflammation* ;

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\* The nasal discharge of *ars. jod.* is generally copious and thin, as in the album, but sometimes it is scanty and thick, tenacious or frothy. It is often fetid and bloody. The fluid mucus is highly irritating and corrosive, burning nostrils and lip and attended with alternate chills and heat. The mucous membrane is always red, angry and sometimes swollen. A scrofulous diathesis and the corrosive character of the discharge point pre-eminently to this drug. It is particularly indicated when the prominent and active symptoms call for *arsenicum*, and the constitutional for *iodine*. Corrosion, fœtor and burning are leading features of this remedy. Amelioration by warmth and aggravation by cold and damp are also characteristic.



fetid smell from mouth ; thick slimy, fetid saliva ; slimy condition of the throat ; hawking up of mucus ; accumulation of grey or green mucus, of a saltish or bitter taste ; spasmodic constriction of the pharynx and œsophagus, with inability to swallow ; painful, difficult deglutition, as if the œsophagus was paralyzed ; burning when swallowing ; food goes down to the region of the larynx when it is ejected again ; tonsils inflamed, swollen, and burn like fire ; fauces and tongue very much swollen ; continual tickling in the throat-pit, (with annoying dry cough at night) ; dry and wrinkled false membrane in the fauces ; dark and even gangrenous.

*Adjacent parts.*—Nape of neck stiff, as if bruised or sprained—swelling of sub-maxillary glands ; aphthæ in mouth, they become livid or bluish ; violent burning in the tongue ; swelling about the root of tongue, externally and internally ; spots in tongue burn like fire ; tongue bluish, fiery-red, with raised papillæ (Bell) ; furred or brown, blackish, dry, cracked, trembling when put out (lach.) ; heavy, insensible, as if burnt ; ulceration of the tongue on its anterior border.

*Accompaniments*—*With otorrhœa* : Dryness of the nose, and normal hearing ; burning itching in the canal, and crawling sensation in the ears ; red, burning pustules, which become painful ulcers in the canal, and upon the auricle where the discharge touches ; distressing pains ; gangrenous sore-throat ; malignant swelling of parotids ; melancholia. *With otalgia* : Intolerable pains ; at each paroxysm of pain, roaring in the ears ; *anguish ; restlessness ; desire to change place ; shuddering ; aversion to cold ; clings to the fire ; burning thirst, (drinks but little at a time) ; intermittency ; all ends in exhaustion.* *With deafness* : The ear is dry, large and seems pressed flat against the head ; annoying buzzing in the ears. *With tinnitus* : Heaviness of the head, goes off in open air, but returns on entering the room. *With coryza* : Frequent sneezing ; sneezes on going into cold air ; sensitiveness to cold ; hoarseness ; sleeplessness ; lachrymation ; throbbing headache or dulness of head ; buzzing in the ears ; burning sore-throat ; swollen, sensitive nose ; burning and smarting in the nasal fossæ ; sore, upper lip ; stoppage, alternating with running ; thirst, for repeated, small quantities of water ; coldness ; creeping chills (acon.) ; oppression of the chest ; dyspnœa ; paleness ; restlessness or lassitude. *With ozæna* : Violent burning ; bloody discharge ; or of fetid, bitter-tasting ichor ; corrosion ; scabs and pus from nose (ars. jod.) ; delusion of smell ; a sense of offensive smell before the nose ; or of sulphur and pitch, alternately ; throbbing, frontal headache, over the root of the nose

great prostration; melancholia. *With influenza*: Besides the *thin, acrid, burning* discharge; extreme lassitude; restlessness; aching in the back and limbs; frontal headache; sneezing; suffused eyes; soreness of the fauces; hoarseness; harassing, dry cough; shortness of breath; anxiety; feverishness; chilliness; shuddering; dislike of cold, clings to the fire (ars. jod.); thirst for small and repeated quantities of water; gastric derangement; white tongue as if white-washed (ant. crud); loss of appetite; vitiated taste; pale face; together with all signs of nervous and muscular prostration, such as an uncommon degree of languor, debility, and dejection of spirits. *With tonsillitis*: Burning in the throat; difficult deglutition; frequent dry cough; great thirst at night, with dryness of the fauces; great weakness and rapid sinking of strength; anxious restlessness; restless sleep; all worse at night. *With gangrenous sore-throat* (esp. exanthematous): *Lips dry, cracked, black*, often bloody; blue and cold; tongue *dry, brown*, cracked or ulcerated; burns like fire and trembles when put out (lach); burning thirst; thick, slimy, fetid saliva; fetid breath; coryza; epistaxis; fetid otorrhœa; hoarseness; altered voice; dyspnoea; constant change of position; puffiness of eyelids (apis); dropsical symptoms; paralysis of the bladder; cold sweat; cold extremities; feeble, tremulous, galloping pulse; hippocratic face; anguish and distress; emaciation; total loss of strength and other typhoid symptoms. *With diphtheria*: Adynamia; great fever; restlessness; prostration; burning thirst; breath very fetid; even gangrenous; somnolence; muttering delirium; false membrane has a dry wrinkled look; it is dark and even gangrenous; throat feels dry as if scraped; rapid, jerking and weak pulse.

*Respiratory symptoms*: *Short, difficult, anxious breathing; suffocating spells, make face cyanotic and covered with cold sweat*; sometimes attended with spasmodic constriction of the larynx and chest, anguish, great debility, coldness of the body and pain in the pit of the stomach; with the asthmatic breathing, the patient must incline the chest forward; the suffocation is such that he must spring out of bed at night; loss of breath on lying down in the evening, with whistling and constriction of the passages; has to sit up in bed when cough commences; with the difficulty of breathing besides the anxiety, there are all sorts of rattling rales; it is relieved as soon as phlegm is raised; a weak, hoarse voice always remains after the attacks; periodical spells of coughing; oppression and laborious breathing when ascending an eminence, especially on going up-stairs,



when walking fast ; when coughing ; suffocating oppression or arrest of breathing at night or in the evening in bed, in windy weather, in the cold open air, in a warm room, when clad warmly, when fatigued, when irritated, when walking, when ascending, moving about and even laughing ; *cough dry*, sometimes deep and fatiguing, *short and hacking*, with soreness of chest and pit of stomach, principally when in bed or at night, obliging him to sit up ; after drinking ; during a walk in the cold open air ; cough excited by a sense of suffocation or constriction in the larynx, as if caused by the smoke of sulphur ; cough occasioned by a constant titillation in the larynx ; cough with expectoration of blood-streaked mucus ; sensation of dryness and burning in the larynx ; difficult expectoration, scanty or frothy ; tenacious mucus in the larynx and chest, hard to dislodge and when dislodged, blood-streaked ; constriction and compression of the chest, with great anguish, inability to speak and spells of languor.

*General concomitants* : *Restlessness and anxiety* (acon.) ; *rapid prostration of strength* (acon., camph., verat. alb.) ; emaciation ; fearfulness ; despondency ; *unquenchable thirst, drinks often and little at a time* (acon. bell.), or much and often (bryon.) ; water is rejected as soon as it touches the stomach ; lips dry, cracked, black or blue and cold ; mouth dry, tongue white as if white-washed (ant. c., bryon., nux v.) ; or morbidly red with raised papillæ (bell.) ; dry and brown (rhus., baptis.) ; cracked and ulcerated (arum, merc.) ; burning like fire (arum, nit. ac. graph.)—trembling when put out (lach.) ; edge of tongue red, takes imprint of teeth (merc.) ; nausea ; complete loss of appetite ; *vomiting immediately after eating or drinking* ; vomiting, first water, then thick glairy or grass-green mucus, then blood ; stomach so irritable cannot tolerate food or cold water ; pressure in the stomach after eating (bryon., puls.) ; violent pains and burning in the abdomen with intolerable anguish (lach., phos., sep.) ; tossing and turning ; intense burning in the stomach and pit of the stomach (canth., iris, nux v., phos., verat. alb.) ; tenesmus and burning in the rectum and anus ; great anxiety about the epigastric region ; *scanty, dark, offensive stools, followed by great prostration* (verat. alb., profuse) ; *acid, corroding the anus* (merc., sulph.) ; cadaverous ; rice-water with great enervation and burning thirst ; constipation ; scanty, high-colored burning urine ; albuminuria ; vertigo, as if he would fall, often with intense frontal headache, increased by light and noise ; heaviness and rheumatic pain in the head ; pain in the limbs and back ; muscular soreness ; trembling of limbs (zinc) ; stiffness, lassitude and powerlessness in the trunk ; loss of strength in the small of the back (arg. nit.) ; shivering and shud-

dering ; internal burning, dry heat (acon., bryo., rhus.) ; cold clammy sweat ; malaria ; lachrymation ; corrosive tears (cepa.) ; itching and burning in the eyes ; reddened conjunctiva ; œdematous eyelids (apis., kali. c., upper eyelids) ; great photophobia (acon., bell.) ; dry cough ; stitches in chest and sternum (bryon.) ; dyspnoea ; asthmatic spells ; violent palpitation of the heart, visible and audible (dig., spig.) especially at night, when lying on the back ; also irregular with extreme anguish ; small, quick but weak pulse ; irregular ; cyanosis ; disturbed circulation ; decomposition of blood ; exudations ; puffiness ; anasarca, pimples, pustules and ulcers with burning ; decay and gangrene of organic substance ; disorganization ; *excessive burning pains* (carb. veg., carb. mez., puls. secale,) ; *exhaustion of life power* (carb. veg.) ; collapse—*high degree of weakness* ; syncope ; anæmia ; nervous irritability ; tendency to ulceration ; hydræmia ; *periodicity* (china, ipec., nat. m., nux vom., puls., rhus., verat. alb.) ; sleep broken by frequent starts (bell., lyc., opi., puls., stram.) ; sleeplessness with restlessness and moaning.

*Aggravations.*—*In general* : worse at night ; in damp places ; from cold in any form, as air, food or drinks ; in a cold room ; during rest ; after eating and drinking ; from lying on painful side. *In coryza* : worse in the morning ; sensitive to cold air, clings to the fire ; shuddering and dislike for any thing cold ; patient sneezes on going into the cold air. *In influenza* : worse at night and after a meal ; the same sensitiveness to cold air. *All pains*, except the *headache* are worse from cold air, and they appear mostly during rest. *Respiratory symptoms* : worse from lying down, especially with the head low ; from moving the body ; change of weather ; dampness ; drinking, or ascending.

*Ameliorations.*—*In general* : from warmth, especially from the heat of stove ; by standing and moving during the day. Paroxysms of pain during the hours of the forenoon are rare ; *the coryza* is better in the open air. *In colds*, exercise and warmth are agreeable, and exposure does not aggravate ; *the headache* is better in cold air and from cold applications. *In throat affections*, cooling drinks relieve. *Pains* are generally relieved on motion, and only temporarily by the application of external heat. *Gangrene*, better from heat (secale, worse). *Respiratory symptoms* better by sitting up in bed or lying with the head high (bell.)

Note : Amelioration by warmth, and aggravation by cold and dampness are also characteristics of *ars. jod.*

*Adaptedness.*—To persons of a cachetic habit ; in leuco-phlegmatic



individuals; to subjects of torpid, phlegmatic, hydrogenoid constitution afflicted with catarrh of the mucous membranes; to catarrhal affections of scrofulous children and in persons of tubercular parentage; to persons that take cold easily, with copious, watery nasal discharges; to individuals debilitated by excesses, innutritious diet, endemic diseases of low and marshy districts, abuse of quinine; to diseases resulting from a disordered and defective nutrition, with pale, waxy skin; to bad effects from quinine and iodine; to lymphatic, nervous temperaments, who are excessively sad and irritable; complaints caused by chewing tobacco; to inflammations characterized by their intensity and tendency towards destruction of the parts affected. It is especially suitable to *melancholy*, but also to nervous and even to choleric temperaments; to diseases of the *mucous membranes*, *cutaneous disorders*, *dropsical complaints*, scrofulous affections, *gangrenous tendencies*, typhoid and hectic conditions, septic infections, or complaints arising from the abuse of wine, and from cold and wet—particularly adapted to *pains* which appear in the *evening*; *after lying down*; after midnight; early in the morning after rising; when sitting; after dinner; to paroxysms of pain frequently accompanied with secondary complaints, such as shuddering, coldness, chills, with subsequent thirst; heat in the face and body; humming in the ears; *anguish*; *excessive failing of strength* and inability to remain up.

“A universal symptom of *arsenic* is *irritability of fibre*. This is evident even in the most frightful diseases to which the drug is applicable. Even when the patient lies in deep stupor, his death-like sleep is broken by anxious moaning. Agreeable to this quality we find the arsenic-patient anxious, restless, constantly changing position; full of fear, dreads death, and therefore will not be left alone. In delirium, he is violent, worse at night, with visions of ghosts and trembling fear. He imagines that some one beside him is imitating his every action. Pains are unbearable and make him furious, angry and restless. When falling asleep he starts and jerks all over, and when asleep, his dreams are anxious and frightful.”—(Farrington).

#### THERAPEUTIC APPLICATIONS.

With perhaps the exception of the nose, the action of arsenic on the parts we are considering is not well defined, and it is from its respiratory and general symptoms that we have to draw material for its application. In fact its guiding symptoms often stand in no pathological relation to the part primarily affected. This is the reason why I deal so extensively with both these groups of phenomena.

Of all *catarrhal affections*, in *coryza* and *influenza* is where this drug has gained the greenest laurels, but the result of its application in the ears and throat, when the general symptoms have been taken into consideration, has been no less satisfactory.

I cannot better illustrate this fact than by transcribing here, word by word, the assertions of so distinguished an observer as Carroll Dunham :

“With regard to the ears, no symptom seems characteristic, except that almost all the paroxysms of pain, wherever located, begin with roaring in the ears. But when it is remembered that great debility and exhaustion attend the pains of arsenic, and that these in turn are apt to be attended by roaring in the ears, this symptom will not be regarded as indicative of a special affection of the ear.

“Let me, however, caution you against supposing that because arsenic has hitherto produced no definite ear affection it cannot, nevertheless, cure one. I shall have occasion to relate to you a severe case of *otalgia*, cured in a very short time by a single dose of arsenic, which was indicated by the general constitutional symptoms of the case.”

And later on in his lecture of the drug, he reports this case as follows :  
“The fact cannot be too often called to mind, nor too strongly insisted upon that our most characteristic indications for the use of a drug which presents well-defined general symptoms, as arsenic does, and indeed as every well-proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may effect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies of the intimate nature of which we are wholly ignorant, and which, nevertheless, we cure, should we be utterly powerless for good ?

“A few cases will illustrate what I mean :

“A lady of middle age suffered from intense pain in the inner ear. There were no indications of external inflammation. The pain had lasted several days. No remedy had given any relief. Morphine had only temporarily assuaged the pain, which afterward became worse again. Here was the case. What organ was affected ? Doubtful. What tissues ? Who could say ? Could arsenic be the remedy ? Certainly arsenic produces no such symptoms. What were the constitutional symptoms, and the conditions ? Did the patient endure the pains patiently ? On the contrary the pain was intolerable. Her whole demeanor indicated positive anguish. She could not re-



tain one position for more than a few seconds, but tossed and moved about, and was constantly changing her posture. Then the pain was not constant. It intermitted, the intervals varying from ten to ninety minutes. As regards character, the pain was described as a fine, burning pain. The effects of the pain were very remarkable. Whereas during its continuance the patient's violent movements indicated the possession of no inconsiderable muscular vigor; no sooner had the paroxysm passed over than she fell into a state of really pitiable exhaustion and weakness. Moreover, she had burning thirst, though she cared to drink but little at a time.

"Here, then, we have, though none of the local symptoms corresponded to *arsenic*, yet a complete picture of the general, or constitutional action of the drug. We have burning pain, intolerable paroxysmal pain, followed by disproportionate exhaustion and attended by burning thirst, in which, however often the patient drinks, she takes but little at a time. A single dose of *arsenic* (30), given at the commencement of a paroxysm of pain, caused the disappearance of the pain in the space of five minutes. The patient fell asleep. There was never any return of the pain. She was well.

"A second case will serve to illustrate not merely this point, but also another, *viz*, the detection and treatment of what is sometimes called *masked intermittent*; by which is meant a disease clearly resulting from *marsh-malaria*, and which, nevertheless, does not manifest itself by the customary paroxysm of chill, heat and perspiration, which constitutes intermittent fever.

"A precocious child in Dutchess county, twelve years old, had complained for more than eighteen months of a severe pain in the left ear. She was brought to my office for treatment, with the statement that for this affection she had been treated, both locally and constitutionally, for an inflammation of the middle ear by some of the most distinguished surgeons of New York, but with no good result. I could discover no distinct signs of local lesion, but nevertheless supposed it to be a case of *otalgia*, and from a very close correspondence of the case, as described to me, with the symptoms of *chamomilla*, gave the drug.

"She got no better. I then learned that she had been under the care of a good homœopathic physician, who, if it had been simple *otalgia*, would have surely cured her. This fact induced me to scrutinize the case very carefully before I prescribed again. Visiting her repeatedly at her residence, at different times in the day, I found that the attacks of pain were regularly and distinctly paroxysmal; that

they were attended by the peculiar thirst so characteristic of arsenic and by the restlessness and anguish, and followed by the prostration, equally characteristic. Furthermore concomitant symptoms in the shape of an arsenic gastralgia and an arsenic diarrhoea were also present. It then occurred to me that this was probably a case of *masked intermittent*. The situation of the house and the topography of the neighborhood favored the idea. On the strength of the symptoms recited, I gave arsenicum (200). Within five days the pains had ceased to appear, but in their stead came a regular paroxysm of chill, fever and sweat, indicating the existence of quotidian intermittent fever. These paroxysms recurred for four days, gradually diminishing in intensity. They then ceased, leaving patient well.

"Instances almost without number might be adduced in corroboration of this statement, that cures are to be made in a multitude of instances which present local symptoms and lesions of tissue, to which the symptomatology of the drug presents no analogy; provided always the general and constitutional symptoms correspond closely to those which characterize the drug. And it may be added that perhaps no other drug is so often useful and available in this way as arsenic, for the reason that hardly any other drug produces general symptoms so strongly marked, and so easily detected; I may add, so frequently met with in patients. Whatever, then, may be the local nature of the disease before, whatever pathological name it may bear, if the general symptoms correspond to those of *arsenic* in the way that I have pointed out, do not hesitate a moment to give that drug. (How otherwise could we cure lupus, cancer, ulcers? For these do not occur in provings!)"

In fact it is not possible with anything like accuracy to localize the action of this drug, the range of which is so extensive. And, as said before, of the parts we are considering, only the nose seems to exhibit signs of definite disease.

In *coryza* it is indicated as soon as the dry stage has passed away and the debilitated vessels commence to exude *profusely a thin watery fluid, often so acrid as to severely excoriate the parts over which it flows*. It is at this period of the moist stage that *arsenic* is indicated. Later on, when the mucus becomes thick, yellowish or greenish, and loses its corrosive qualities, it ceases to be the remedy; unless of course, the condition should be attended by *marked prostration and great general debility*, in which case it is our duty to prescribe a remedy that can cover such important concomitants. This I have seen exemplified in several cases of *ozæna*, where, though the discharge was



neither fluid nor corrosive, the extreme prostration and debility demanded arsenic.

*Arsenic* is almost a specific in *influenza*, an epidemic catarrh presenting in addition to the symptoms of a bad cold the characteristic oppression and prostration of this drug. In no catarrhal affection is the tendency to spread more noticeable than in *influenza*, but no matter where the trouble commences or localizes itself, either at the nose, eyes or throat, extending upwards or downwards, if the totality is taken into consideration we will find *arsenic* removing symptoms exhibited by parts over which it seems to have no special power. This is particularly the case when the throat bears the brunt of the attack, the nose and naso-pharyngeal space suffering in a minor degree only.

Again, the first impression of a *common cold* does frequently fall on the throat, and here also it may display a tendency to spread; but in such cases we do not always find the nose involved in a manner that may call for *arsenic*. Still, due to specific causes; constitution of the patient; severity and duration, and especially to location, the disease may take such a course as to bring about alterations and conditions demanding the administration of this drug. For instance, when in *parenchymatous* or *exanthematous sore throat*, *gangrene* makes its appearance.

It is a well known fact that if acute *parenchymatous tonsillitis* is developed in bad constitutions, the evacuation of pus from deep abscesses is now and then followed by ulceration, sloughing and even *gangrene*; and in *strumous constitutions* sometimes an acute attack of *diffused sore throat* is followed by an inflamed or relaxed condition of the mucosa of the fauces, and in such cases there is not only a tendency to chronicity, but the disease is liable at intervals to take a sub-acute form, and a repetition of these attacks may end in severe destructive changes. Here *ars. jod.* is often indicated.

In *diphtheritic sore throat* both *ars. alb.* and *jodatum* have been used with success. The former is indicated when *adynamia*, *morbus Brightii* or *gangrene* are marked features of the disease, especially if the false membrane presents a dry, wrinkled aspect and is dark in color. The latter when in addition the malady is developed in scrofulous subjects, the glands being seriously involved. Those who prescribe on a pathological basis ought to be careful not to mistake for *gangrene* the partially adherent exudation, which, mixed sometimes with the effused blood, suffers a change in color and rapidly putrefies. The homœopathist who treats his cases symptomatically will not run any risk by committing such an error.

*Arsenic* may be required also in *aphthous sore throat*, when, in unsound constitutions, *sloughing* and *gangrene* appear. There is a form of *gangrene*, attacking the inside of the cheek, and called *noma*, which has been often mistaken for the above condition, but fortunately both are identical pathological processes, usually exhibiting symptoms indicative of this drug. *Noma*, when developed in scrofulous children, is often accompanied by a very severe gastro-enteritis, and this may be an additional indication for *arsenic*. It is mostly observed as an occasional sequel to the exanthemata.

*Lupus* sometimes appears in the nose and throat simultaneously, but occasionally the latter is invaded first. This is an affliction which may give rise to great destruction of tissue, and presents symptoms claiming the administration of *arsenic*.

#### LITERATURE.

*Otalgia*.—Roaring in the ears from paroxysmal pains; ringing in the ears; hardness of hearing in typhoid fever.

*Otorrhœa*.—Inflammation, and purulent *otorrhœa*; ichorous, fetid discharges, especially in scarlatina, with malignant swelling of the parotids. Unusual sensitiveness to sound.—(Burt).

*Otitis media suppurativa chronica*.—The discharge is accompanied by burning itching in the canal, and crawling sensation in the ears. Red burning pustules, which become painful ulcers in the canal and upon the auricle where the discharge touches. The pains are intolerable. The patient is pale, with general debility, and, if an adult, is inclined to melancholy. The pains are relieved by warm applications.—(Wm. E. Rounds).

*Deafness*.—Deafness of scrofulous persons is frequently relieved by *arsenic*. The ear is dry, large and seems pressed flat against the head. They complain of annoying buzzing in the ears. The attack may have been caused by exposure to a damp and chilly wind, or it may be of a chronic nature.—(Hempel and Arndt).

*Otorrhœa*.—Profuse, ichorous, cadaverous-smelling discharges; sinking and prostration.—(Raue).

*Otorrhœa* and *Ozæna*.—In catarrhs based upon tubercular habit *ars.* *jod.* is among the first remedies to be thought of; in *ozæna* and in *otorrhœa*, with acrid discharges accompanied with a *burning sensation*, it is the remedy to begin with and often completes the cure. Corrosiveness, fetor and burning are guiding indications.—(Brigham).

*Nasal catarrh*.—Redness of the mucous membrane of the nose; violent, continual sneezing; sensation of dryness in the nose, with



watery discharge and stoppage; watery, smarting, burning discharge, excoriating the nose; red, herpetic burning skin of the upper lip, especially below the nostrils; lachrymation; slightly reddened conjunctiva with burning in the eyes.—(Raue's Record, 1870).

*Catarrh in the head.*—If with a cold in the head, the nose is stopped up and yet discharges a very acrid, burning fluid; if the patient cannot sleep at night without any particular reason, and cannot lie quiet, and the nose commences to bleed, arsenic.—(Hering).

*Coryza.*—Great lassitude and restlessness; burning discharge; cold worse every morning, with throbbing headache; great running from the nose, alternating with stoppage; frequent sneezing; hoarseness; sleeplessness; worse in warmth. Arsenic.—(Rosenberg, *Khrt. d. Resp. Org.*).

*Coryza.*—A woman, forty-two years old, complained of stoppage of the nose, which alternated with running of the nose and burning in the nose. The discharge was corroding, and caused a crust upon the upper lip, which at times was dry, and then again moist. Arsenicum cured.—(Annal Schüller).

*Winter colds.*—Arsenic is to be remembered as an excellent remedy in *winter colds*. They are common especially in scrofulous children and in persons of tubercular parentage. The nose discharges a thin, watery fluid, scalding, and yet the nostrils feel stopped up. With this is a dull, throbbing, frontal headache. After repeated attacks, scabs and ulcers form in the nose, burning and stinging. The discharge becomes yellow and thick and offensive. Sneezing is a prominent symptom. It comes in spells and is excited by a tickling in the nose or fauces, and often provoked by cold, dust, smoke or even eating. These catarrhs creep down into the chest and give us a picture of *catarrhal asthma*.—(Farrington's Lectures).

*Influenza.*—Heaviness and rheumatic pain in the head; *profuse watery and corrosive discharge from the nose*, causing a disagreeable burning sensation in the nostrils; violent sneezing; shivering and shuddering, with severe pain in the limbs; *oppression of the chest*; difficulty of breathing; thirst; anxiety; restlessness; *great prostration of strength*, with aggravation of suffering at night, or after a meal; inflammation of the eyes, with sensibility to light. These symptoms may be attended with deep, dry fatiguing cough, exacerbated in the evening, at night, or after drinking; or sensation of dryness and burning with mucus in the throat, which is difficult to detach.—(Laurie).

*Influenza.*—Ars. jod. Chills, with flushes of heat; severe, fluent

coryza, discharge irritating and corrosive; sneezing; puffiness of face; prostration.—(Ch. Gatchell).

*Febrile catarrh.*—With watery, acrid discharge, causing burning and excoriation around the nostrils; complication with tracheal catarrh, hoarseness, rawness and burning in the throat, and continual tickling in the throat-pit, with annoying dry cough in the night; lassitude and great weakness; great thirst; pale face and nightly restlessness, which compels the patient to leave the bed.—(Kafka Therap., 1. 7).

*Sore throat.*—Anginous difficulties, with burning in the throat, and difficult deglutition; the voice sounds now strong, now weak, mostly hoarse; frequent dry cough, especially after drinking, on inhalation of cold air from a tickling in the larynx; the tongue is mostly dry, therefore frequent drinking, but little at a time; poor appetite; bowels diarrhoeic or constipated, great weakness and rapid sinking of strength, even with apparent slight ailments; sadness or irritable on account even of slight provocation; anxious restlessness; great thirst at night, with dryness of the throat; restless sleep; all worse at night.—(Raue's Record, 1870, p. 120).

*Nasal catarrh.*—Arsenicum has a profuse, watery, burning, excoriating discharge; oppression of the chest; must keep warm.—(J. C. Morgan, H. M., Dec., 1872).

*Nasal catarrh.*—Fetid catarrh, with hot, corroding discharge; carion-like odor; sickly complexion; burning and roaring in the ears; debility; sensitiveness to cold air, relieved by warmth; bleeding at the nose; red nose; hot sensation of the skin, then sweat followed by chilliness.—(*Hom. World*, v. 6, pp. 153, 179).

*Ozæna.*—Ichorous, sanious and fetid discharges from the nose, with marked prostration and great general debility; discharge of burning mucus from right nostril.—(Lilienthal).

*Diphtheria.*—Arsenic deserves a faithful trial. It cures when there are fetor, adynamic fever with somnolence, and sudden starts, restless tossing. The membrane is dark, even gangrenous, and the pulse rapid, jerking and weak. *Ars. iod.* is the substitute if, in addition, the glands are seriously engorged.—(Farrington's Lectures).

*Diphtheria.*—Epidemic diphtheria, with typhoid symptoms, or in the presence of severe morbus Brightii; great prostration and restlessness; thirst, but taking only a sip; gangrene; fetid breath; dysphagia; perspiration sticky; abdomen distended; exhausting diarrhoea and great anæmia; somnolence, and occasional starting up to leave the bed. (Lilienthal).



*Diphtheria*.—Two sisters, who used to sleep in a kitchen, were both attacked at the same time with diphtheria. They complained of a *burning pain, which extended from the throat into the stomach*. Ars. (30,) in water, a spoonful every two hours, relieved at once.—(A. H. Z., 78, p. 14).

*Croupous diphtheria*.—Girl, æt. 5, scrofulous, sickly from birth, asthmatic, croupy symptoms prominent, hoarse cough, diphtheritic deposit covering mouth from fauces to outer edge of lips, and also covering external auditory canal; short, difficult respiration; pulse weak, slow; great prostration, bad odor from patient. R̄—Ars. jod. 1x trit., cured.—(P. Bigelow, H. M., Feb. 1874).

*Granginous pharyngitis*.—Arsenic is the medicine *par excellence* when there is a rapid failing of strength, with intense burning thirst, drinking often and but little at a time; dry and black patches on the mouth, fetid breath, a hard, dry and black tongue, profuse watery diarrhœa, rapid emaciation and profuse sweating.—(Helmuth).

*Angina gangrenosa*.—Arsenicum undoubtedly is the chief remedy. It is indicated if there be an absolute exhaustion of the strength, sudden emaciation, nocturnal febrile paroxysms, burning, heat, burning face, distorted features, cold hands, and indifferent thirst; when the patient is distressed, especially at night; is in bad temper, is agitated, sleepless, tossing himself about in bed, and gnashes his teeth; where the *gangrene* on the part affected is quite advanced, and there exists an ulceration, throwing out excessively fœtid matter, which constantly increases. The *arsenic* is not only useful, but necessary, when an inflammatory and erysipelatous swelling seizes the tonsils and gullet, especially when attended, at the commencement, by a burning pain. Applied at this juncture, it will prevent the transit of the erysipelatous to the gangrenous state. This remedy acts, also, with the happiest effect against an eruption of whitish lumps, pointed and quite burning, accompanied by a violent perspiration.—F. G. SNELLING. (Hull's Jahr.)

## Reports of Societies.

### SEMI-ANNUAL SESSION OF THE NEW YORK STATE SOCIETY.

REPORTED BY F. S. FULTON, M. D., NEW YORK CITY.

The thirty-sixth semi-annual meeting of the State Society was held in New York city, September 20th and 21st, 1887, at Lyric Hall. There was a good attendance from the beginning. The meeting was called to order by the President, Dr. H. M. Paine, of Albany. Dr.

A. S. Ball offered prayer. A message was sent to the Homœopathic Medical Society of Pennsylvania, in session at Pittsburgh, congratulating it on the fiftieth anniversary of the introduction of homœopathy into that city. A return message of greeting was received. The President, Dr. H. M. Paine, of Albany, then gave a short address, in which he cited many interesting reminiscences of the first meeting of the Society, and of many of the physicians who were present at that time. At the conclusion of his brief remarks he gave utterance to the following pointed sentiments :

"Organized opposition to homœopathic truth, although of late years, from motives of policy, is less pronounced, covertly is as earnest and active as at any time in the history of this Society.

"What these reasons are ; why we allow ourselves to be recognized by a distinctive name ; why we are continually planning to maintain our distinct organizations, to develop our resources, and make more rapid advances in future, I must make the subject of an address at the next annual meeting. Suffice it for the present to say, that so long as the dominant school refuses to accept the homœopathic principle as the leading one in the domain of therapeutics, and places us and our school under a ban because we hold such a tenet ; and so long as non-homœopathists refuse to teach their own students the benign truths of homœopathy, it is incumbent upon us to hold our position ; to maintain a separate organized existence ; and above all, to *retain the distinctive name* ; for, if we give up our name, who, and what, and where are we ?

"The distinctive name is our birthright ; it is ours by inheritance ; it is ours by conquest ; it is ours, and ever will be ours, in spite of ourselves, so long as homœopathy is known as a recognized method of cure."

The committee to whom the President's address was referred, presented the following resolution, which was unanimously adopted :

*Resolved*, That so long as the dominant school of medicine refuses to accept the homœopathic principle as the leading one in the domain of therapeutics and places homœopathic physicians and the homœopathic school under a ban ; and so long as non-homœopathists refuse to teach their own students the benign truths of homœopathy, it is incumbent upon the homœopathic school to hold its position, to maintain its separate organizations, and to retain its distinctive name.

In the absence of Dr. E. H. Walcott, Chairman of the Bureau of Materia Medica, Dr. M. W. Van Denbergh presented the report of the bureau.

A paper by the chairman upon "The Single Remedy," was read,



in which Dr. Walcott advocated the use of one remedy at a time, claiming much better action and quicker results than when more than one is given. Several cases were cited, showing the beneficent action of our drugs when carefully prescribed according to the strict Hahnemannian method. Dr. B. S. Partridge presented a paper upon the "Medium of Drug Action." The bureau was then closed temporarily to allow that upon Laryngology to present its papers. The first one read was by Dr. Malcolm Leal, upon "Conditions of the Larynx requiring Local Treatment."

DR. J. M. SCHLEY then read a paper upon the "Local Treatment of Laryngeal Phthisis," in which he held that tuberculosis of the larynx was akin to a wound situated elsewhere in the body and should be treated upon the same broad principles. The diagnosis between phthisis laryngea, acute or chronic laryngitis in some of its stages, primary lupus, carcinoma or syphilis of the larynx, was at times extremely difficult. In his experience, phthisis of the larynx was never met disassociated from tubercular lesions in some part of the lung. To differentiate, we must observe the congestion (often localized), infiltration, œdema, spots selected by preference, and the erosion. If there are no evidences of pulmonary lesions, there should always be a grave suspicion that the case is syphilitic. The doctor cited a case in which, eight years ago, there were present the congested and inflamed epiglottis and trachea, together with marked infiltration of the upper lobe of the right lung. It appeared to be phthisical; but a month's sojourn in the mountains effected an entire cure, which has been permanent until now. An accurate diagnosis is absolutely essential to a trustworthy prognosis. True tuberculosis of the larynx is an incurable disease. When the diagnosis of laryngeal phthisis is certain, the prognosis is most unfavorable. About five (5) per cent. of consumptives suffer from involvement of the larynx. While treatment is not curative, it relieves the agonizing pain. The medicaments, used in the form of a spray, powder or liquid, are morphia, atropine, iodoform, iodol, cocaine, lactic acid, oily solution of menthol, the balsams, galvano-cautery, sub-mucus injections of lactic acid, peroxide of hydrogen and boracic acid. Local treatment, in order to be effective, must be applied daily. The homœopathic remedies, apis, bell., lach., merc., caust., phos., and calc. phos., are most useful.

The discussion which followed these papers gradually wandered to the discussion of the treatment of pulmonary phthisis.

DR. EDWIN FANCHER cited a case in which a woman had had a very sharp hemorrhage from the lungs, followed by evidences of

phthisis. The iodide of ars. was administered till an aggravation was obtained, when sac. lac. was substituted. Later this was followed by phos. acid, which completed the cure, the woman remaining perfectly well at present.

DR. L. A. BULL :—We do not look sufficiently into the pathological condition of the parts. All the cases which have been reported as cures of phthisis have borne a most striking resemblance to bronchitis.

DR. GEO. E. GORHAM believed that true phthisis of the larynx was an incurable affection.

DR. J. M. SCHLEY :—In considering the treatment and cure of phthisis, we must maintain the distinction between the two branches of this disease, catarrhal and fibroid phthisis. Their course is entirely different. The latter may run an indefinite length of time, and for years may not seriously disturb the general health of the individual, and in many cases does not materially hasten the death of the patient, while in the former, or catarrhal variety, there is a rapidly destructive process going on, to which the patient must sooner or later succumb. It has been fully shown by Dr. Flint that phthisis is a self-limited disease. Many cases are cured by change of air or location.

DR. ROBERT BOOCK :—For cleansing the larynx he preferred a mixture of equal parts of turpentine and coal tar. This was burned and the smoke inhaled.

The report of the Bureau of Materia Medica was then resumed. Dr. M. W. Van Denbergh read a paper upon the "Order of Arrangement of the Symptoms in our Materia Medica Pura." The discovery of the law of similars is ample glory for one man. After such service, it is no disparagement that his methods were not as we would wish. His philosophical works have nearly disappeared and will eventually be lost. He did not go far enough. Much of his philosophy has been outstripped by time. Hahnemann's works may be considered under the following heads: His observation of drug phenomena, recording of symptoms, and method of arranging. Regarding the first, there can be no question but that his ability to observe drug phenomena was pre-eminent. His method of recording them individualized different symptoms of the same disease; it was a process of isolation and separated the concomitant from the main symptoms. It was thus impossible to get a picture of the totality of symptoms. In the method of arrangement of the symptoms there has been no change since Hahnemann's time. All are arranged upon a purely anatomical basis. It makes a confused picture. We need a *physiological* arrangement. The symptoms should be classified under such as the following heads:



Mental, Moral, Nervous, Respiratory, Circulatory, Digestive, Genital, Skin, Glandular, etc. We could then obtain a good picture of the disease that would be more serviceable. A suitable materia medica would greatly aid in hastening the amalgamation of the schools.

The Bureau of Ophthalmology, Dr. A. B. Norton, Chairman, next reported. Dr. E. H. Linnell read a paper upon "Extracts from Case Book." He first cited a case of irido-choroiditis, caused by using a hair-wash made from the oily juice of the bitter apple. There was an acute inflammation of the choroid and iris, with serous effusion. He regarded it as a case of colocynth poisoning, as the abdominal symptoms of the drug were present. It was cured by bry., kali iod. and sulph.

The second case was one of traumatic rupture of the iris, which occurred in a boy who was struck in the eye with a stone. When seen, there was no rupture of the choroid or cornea, but the iris was dilated *ad maximum* and a small slit could be detected in its substance. Atropine was first used, but later *eserine*. The latter contracted it for a short time, but the effect was soon lost. The wound healed, but the iris was still greatly dilated and did not contract. It was a complete rupture of the iris, with no external wound. The third case was one of retinitis following nephritis, which did not present the full symptomatology of retinitis albuminurica. There was great impairment of vision, with obscuration of the optic disc. He was passing about five gills of urine, the specific gravity of which was 1018. The urine contained pus, renal epithelia, fatty and granular casts, with a slight amount of albumen. He had constant, dull pain in the limbs, with pain across the back and a sensation as if a band constricted the forehead. Helonias was given. Very great improvement in the eyesight resulted. The retinae became normal and vision was only slightly impaired, although the general health and renal disease gradually grew worse.

DR. JOHN MOFAT: Many neuralgic remedies, *e. g.*, cedron and prunus, have been of great service, even in inflammatory iritis.

DR. M. W. VAN DEN BERGH cited the case of a lady who suffered from excruciating, stabbing pain in the right side of the face and eye, which was induced by the slightest touch, motion or jar. She could not move the face in eating, talking or laughing, without the greatest pain resulting. Colocy. 3 was prescribed, but the pain became very much worse. He then made a higher dilution and gave it to her. The relief was immediate and lasting.

DR. GEORGE S. NORTON: Kali iod., first decimal, is one of our

best remedies in iritis with effusion. He doubted if colocy. would be of much service if the effusion were large or plastic in character. The potash in this form acts much better than either a higher or lower preparation.

DR. CHARLES DEADY then read a most practical paper on "Spectacles." He spoke of the harm which opticians and itinerant peddlers of glasses did. In no case of myopia, hyperopia or astigmatism was any one but an oculist capable of fitting a glass. Eyeglasses are not as reliable as spectacles in the majority of cases; as the focal distance is constantly varied, different angles are used; the pressure on the nose is often the source of pain, and they are not in any case as steady as the spectacle. At times, as in cases of a high degree of myopia or hyperopia, eyeglasses are preferable, as the patient might wear the glass too much if others were given. The frame should be heavy enough to hold the lenses at a constant angle. They should incline slightly inwards, even when worn all the time, and should be far enough from the eye to just escape the lashes.

DR. F. H. BOYNTON would like to express his thanks to Dr. Deady for the practical paper he has just read. We should not purchase glasses of opticians without first consulting an oculist. The upper rim of a glass should tilt slightly, even for constant use.

DR. GEO. S. NORTON:—All ophthalmologists agree with Dr. Deady. In myopia, especially, we should select a glass only after having the eye tested by a competent oculist. In far-sighted people, the danger of selecting their own glasses was much less, often none; but if any astigmatism existed, harm would result.

DR. JNO. MOFFAT:—In purchasing an eyeglass, one should get a case which does not fold the glasses, as the spring becomes weakened and the angles are changed.

DR. S. HASBROUCK:—In England a recent examination of 1000 pupils showed that 703 had errors in refraction. It made evident the necessity of an examination of the eye by an experienced oculist.

DR. CHAS. C. BOYLE then presented a paper on the "Curative Effects of Gelsemium in Diseases of the Uveal Tract." One case in which it proved curative was in a gentleman whose retina was detached; vitreous, cloudy; and vision necessarily greatly affected. He had been under the best allopathic treatment, with rest in bed and bandaging of the eye. He was placed in the hospital, his eye bandaged, and restricted to the dorsal decubitus. Gels. was given internally. In six weeks the disease was cured and vision restored. A second case was similar. Gels. here also proved curative.



DR. E. H. LINNEL has used gels. in cases of detached retina, but not with such happy results as those detailed by Dr. Boyle. He had never gone lower than the first decimal, which would, perhaps, account for his failure to achieve favorable results.

DR. GEO. S. NORTON :—In serous effusion of the eye, kali iod. and merc. cor. were most valuable remedies. Dr. Boynton in 1878 first called attention to the curative effects of gels. in detached retina. Since then it has been more commonly used. In the late International Congress held at Washington, one eminent German specialist reported 703 cases which he had treated with seven cures, showing the very low percentage of cures under purely allopathic treatment. With homœopathic remedies we can do much better than that.

DR. F. H. BOYNTON :—In order to accomplish much in detachment of the retina, we must enforce rest, bandaging, and the prone position. When he first wrote the article referred to by Dr. Norton, he was very sanguine of most favorable results. Since then he had become less hopeful, but even now he believed that some cases—especially if treated early—could be cured. He had effected a favorable termination even in some cases of traumatic detachment.

DR. S. HASBROUCK :—In detachment of the retina has never seen a reapplication under gels.

DR. JNO. L. MOFFAT then read a paper, "A Clinical Case," in which he detailed the history of a patient who had had diplopia which yielded readily to treatment the first time. About two years afterwards the patient again applied for relief. This time the trouble was variable and would disappear in one spot to appear in some other form. Finally, by means of cedron, kalmia, gels., faradization and galvanism, causticum and giving him proper glasses, the diplopia was cured.

DR. E. H. LINNEL :—In his experience varying diplopia which yields to treatment, particularly if a second or third attack, presents more complicated features and is more difficult to cure, is very suggestive of sclerotic changes in the upper part of the cord or lower portion of the brain. He had had several cases with such attacks, who subsequently died from sclerotic changes of the cerebro-spinal centres

#### TUESDAY EVENING.

The Bureau of Otology, Dr. Ed. J. Pratt, Chairman, reported. Dr. Sayre Hasbrouck read the first paper upon a "Description of an improved Artificial Membrana Tympani." He was led to perfect this little instrument, because the one in common use had the wire for the

adjustment of the disc in the centre, and so pulled it out of place by its weight. The instrument Dr. H. exhibited had a disc of rubber, which was to serve as the drum. To the lower part of this was attached, by a V-shaped bending of the wire, a small wire, which was to serve for the ready adjustment of the disc. This V-shaped piece was included between the layers of the rubber disc which were cemented together, thus avoiding the rivet, which often causes much pain. Practically, he had found this disc to give much more satisfactory results than the old style. It should first be placed in position by an aurist. The best results were, of course, obtained when the ossicles were left.

DR. M. O. TERRY asked what results followed its use in cases of deafness due to scarlatina.

DR. HASBROUCK said that if the ossicles were left most excellent results followed, and that it was in just such cases that the drum was of the most service.

DR. H. C. HOUGHTON then read his paper upon a "Practical Modification of Valsalva's Experiment." The doctor said that Politzer's method is the best and simplest way of inflating the middle ear. This may result in harm, if too frequently or persistently used. The object of inflation should be to secure the patency of the tube and to allow the air to adjust the ossicles. Dr. H.'s modification of Valsalva's experiment is to close the external meatus of both ears with the thumbs in order to protect the drums. The anterior nares are closed with the index fingers. The mouth is shut tightly, and an attempt made, as before, to expel the air. In this way the air enters the middle ear most easily without a heavy strain upon the drums. Much good has resulted from this method when others have failed.

DR. GEORGE S. NORTON regards this as a wise suggestion. In ordinary cases he does not consider that much damage can result from employing Politzer's method. Until a year ago did not think that there was any danger. At this time a lady came to him with partial deafness. He used Politzer's method, and noticed that afterwards the drum was much inflated. Probably in acute or sub-acute middle ear disease there is danger of rupture of some of the blood vessels of the drum.

DR. S. HASBROUCK has been familiar with the modification as applied to the well ear when it was desirable to inflate the other. Had seen it used a great deal in the Dublin hospitals.

DR. H. C. HOUGHTON:—Dr. Liebold showed that there was danger in the Politzer method in acute cases; but it is in old chronic cases



that the lay use of inflation has resulted in the greatest harm. Here the tube has lost its elasticity and is unusually open, and the force being great, there is danger of rupture of the drum.

DR. CHAS. C. BOYLE read a paper on "Aural Mucous Polypi." These are composed of a loose structure of mucous tissue, filled with blood vessels. These growths are about the size of a bean. There is little pain connected with them, but gradual deafness and an irritating discharge results. The polypus may grow and dam back the discharge, causing necrosis of the temporal bone and consequent meningitis. They should be removed with the snare, scraped with the *curette*, and Monsel's salt applied with calc., thuja, etc., internally. All traces of the growth must be removed or it will reappear. The canal should be cleansed with the peroxide of hydrogen, boracic acid, etc.

DR. JNO. C. MOFFAT in a few cases has used the bichromate of potash with good results.

DR. H. C. HOUGHTON has seen them subside under the administration of the kali muriaticum 12.

DR. F. H. BOYNTON:—The dried juice of the melon fig, by its power to digest fibrine, will at times cause the gradual disappearance of the growth. Two or three grains of the dried juice are dissolved in a little water and poured into the ear.

There being no report from the Bureau of Vital Statistics or from Pædology, the Society adjourned to a most enjoyable collation, which had been provided by the New York County Society.

#### WEDNESDAY MORNING.

The Bureau of Surgery, through its Chairman, Dr. J. M. Lee, reported a number of papers.

The first was by Prof. J. Gilchrist, upon the "Radical Cure of Hernia." His method of operating was as follows: The part is shaved, the skin pinched up and transfixed, making an incision one or one and a half inches long. The tissues are dissected down to the sac. If this is not too much thickened, it is pushed up into the abdomen with the bowel. It is held between the pillars of the ring, a needle entered through the lower pillar, carried through the sac and out through the opposite pillar. In this way the pillars are stitched together, holding between themselves a plug of peritoneum consisting of the sac. If the ring is very large, the edges are freshened and stitched as above. The skin is then brought together and stitched. The whole is covered with a pad wet with hypericum, which is also given internally, preferably in the 30th attenuation. The patient is

allowed to leave his bed on the fifth or eighth day. A truss should be worn during the day and be removed at night until the ring is perfectly solid. The hypericum is given for about three or four days, when lyc. 30 is administered for about two weeks. He was led to prescribe lyc. from the effect it had on several cases in which the hernia reappeared. It seems to shorten the mesentary and make the hernia much less liable to reappear. In his last fifty cases thirty-four were cured and all were benefited.

DR. BOOCOCK:—Dr. Thomas experimented and found that the medicinal property of lyc. was only developed above the sixth potency. Has cured one patient of hernia by lycopodium.

DR. M. W. VAN DENBERGH has had good results from lyc. 3.

DR. S. F. WILCOX:—When the sac is large he removes it and stitches the edges together with catgut. The stump is then stitched to the pillars of the ring by deep silver wire sutures. He believes strongly in antiseptic precautions and dressings. The latter he allows to remain at least a week before removal.

DR. S. F. WILCOX then read his paper upon "Wiring the Patella." The knee-joint is very tolerant of operations, if only antiseptic precautions are observed. Both operator and assistants must be antiseptic.

The cases suitable for the operation are where the bone is comminuted and cannot be drawn together; where the overlying tissues are very greatly bruised, or where only ligamentous union has resulted and the functional power of the joint is destroyed.

In a recent fracture the surfaces of the bones and intervening tissues are covered with a layer of lymph and blood clot. In such a case, if a primary operation be done, the fragments are best wired without disturbing this lymph deposit. The production of bone will be more rapid. If a secondary operation is performed this lymph layer has made a floor between the joint cavity and the ligamentous union, which is of the greatest assistance in preventing the operator from entering the joint cavity. He then detailed a case in which he had successfully operated upon both patellas. Everything was antiseptic. A semi-lunar incision was made below the lower fragment. The skin was dissected up, uncovering the bones. A small section was sawn from each of the fragments. These were detached from the underlying tissue, which consisted of the pseudo-membrane formed from the lymph deposit. This was left. The joint was not entered. Three holes were bored in each fragment and the bones drawn together by heavy silver wire. The skin and tissues were then sewed together



and the leg placed in a plaster of Paris splint, and dressed with antiseptic dressings, which were not removed until the sixteenth day. The splint was kept on for six weeks. Both patellas united completely and good motion of the joint resulted. He would call attention to the false union or pseudo-membrane and to the value of antiseptics.

DR. J. M. LEE is bitterly opposed to antiseptics ; considers them a mere fashion, which is prevalent at present, but which will pass away soon. Has opened the knee-joint three times during the last year, twice without antiseptics. In one case had a sharp fever, with supuration, but it later recovered with a perfect joint. We do not know anything about germs or what causes disease. The only value of Listerism is to teach cleanliness. At present Listerism is dead and antiseptics harmful.

The Bureau of Surgery here gave place to that of Mental and Nervous Diseases, in order that Dr. B. M. Butler might present his paper on "Neurasthenia." Dr. Butler considered that persons who were bright, sprightly, high-keyed, were the ones to suffer from neurasthenia. Precocious children also are liable to it. No class, however, is exempt. The main causes are sexual excesses, acute diseases which do not yield to treatment, too frequent pregnancies, miscarriages, leucorrhœa, etc. The symptoms are legion and occur in every part of the body. The following are some of the main ones : morbid fears, which they know are foolish ; dizziness in all forms, all sorts of head symptoms, entire sleeplessness, or unrefreshing sleep ; sensation of suffocation on lying down, cardiac pains, nausea, diarrhœa, constipation, all sorts of gastric pains, most capricious appetite, numbness, pricking of the skin, exhaustion, seminal emissions, great flooding, and inflammation of the toes. Neurasthenia is apt to be confounded with organic disease of the cord, hysteria and anæmia. The prognosis, under good treatment, is favorable, but the recovery is necessarily slow. In treatment no routine plan can be laid down. Must individualize and treat the disease according to its cause and symptoms. With some, isolation is necessary ; with others, the regular routine duties do better. The physician must gain the supremacy over the patient's mind. Massage and electricity will, at times, prove of great benefit. In prescribing, must consider only the leading symptoms, and not mind the many fancies and freaks of the patient.

The report of the Bureau of Surgery was resumed.

DR. M. D. TERRY stated that he had employed the plain treatment of Dr. Lee, but his experience had not been as successful as the doctor's. He could not agree with him. It made little difference

whether iodoform, eucalyptus, bichloride of mercury, or some other antiseptic dressing were used, the results would be good, but a plain dressing would lead to suppuration.

DR. FRED. S. FULTON had had such favorable results with the use of antiseptics that he would not be willing to discontinue them. He cited the case of a boy who was admitted to the Laura Franklin Hospital with pyo-arthritis of the knee-joint, with all its characteristic symptoms. The joint was opened freely, a counter opening for drainage made, all the pus washed from the joint cavity with a 1 to 2000 solution of corrosive mercury, a drainage-tube inserted, and the whole dressed with corrosive mercury gauze. The fever immediately subsided and the case progressed uninterruptedly to a complete recovery, with a movable joint. It spoke well for antiseptic treatment.

DR. S. F. WILCOX:—If antiseptics were not employed, and the case progressed unfavorably, he should consider himself criminally responsible. With antiseptic treatment we can do now, with impunity, what we would not dare to do before.

DR. J. M. LEE:—The antiseptic treatment is a mere style, of which we will hear no more in a short time. In a few years it will all pass away. If he had a case of mercurial poisoning, the way very many surgeons have, he should regard himself as criminally responsible.

DR. S. F. WILCOX:—In his experience he has never seen such a case, although the mercurial irrigation and dressing has been in constant use. The solutions are not so strong as they were formerly used; a 1 to 2000 solution is all that is necessary.

Parturient women appear to be very susceptible to the action of the mercurial, but other cases are not so.

A paper upon "Cæsarian Section," by Dr. Biggar, was then read. In this he detailed the case of a lady who was in her fourth pregnancy. None of her previous children had been born alive, owing to deformities in the pelvic canal. As they were very anxious to have a living child, Cæsarian section was performed. An incision from the symphysis pubis to the umbilicus was made; the uterine incision was about six inches in length. The child and afterbirth were delivered; the uterus stitched with catgut. A drainage tube was carried through the os into the vagina and the skin incision stitched. The wound was dressed with calendula and glycerine dressings. Ars. was administered internally. Both patient and child were doing well.

DR. H. I. OSTROM read a paper on "The Before and After Treatment of Laparotomy." Before the operation we must build up a



patient, to prevent shock ; examine the kidneys carefully to see that no disease is there which might kill the patient, and unload the bowels with a cathartic. The anaesthetic should be ether if there is no counter-indication from the kidneys. The anaesthetic should be adapted to the individual.

After the operation the patient should have absolute rest of the abdominal organs for the first day. Barley-water, with one-third cream, should then be given. At the end of the first week the patient can commence on more solid food, and gradually return to normal diet. Interference with the bowels is uncalled for. The patient takes but little food and does not need to have a full movement. If the abdomen needs draining it is better done through the drainage tube than through the bowel. If peritonitis, with flatulence, ensues, calomel, as a purge, will often do good. If the bowels do not move, after a week or ten days, give an enema. For the first forty-eight hours the patient should drink hot water. It relieves flatulence and prevents the stomach from being empty. The patient can be allowed to assume any position that is most comfortable. Bell., calc., nux, coloc., enemata, the rectal tube, have proven of the greatest benefit in flatulence. If patient has the ability to urinate, let him do so ; if not, catheterize. In his experience much nausea and vomiting is caused by the slow giving of ether or the ligation of adhesions. The ligation of the pedicle will often cause it. The actual cautery will control hemorrhage and does not cause nausea. The vomiting has been best controlled by a two-per-cent. solution of cocaine. Morphine should not be given unless it is absolutely essential that the patient have rest and sleep. Its action is depressant and must be avoided. Ac. and hypericum will usually quiet the patient and relieve the pain, which is not usually severe.

DR. J. M. LEE has had most excellent results from the abdominal use of hot water in cases of profound shock. In such a case he fills the abdominal cavity with hot water. The use of poisonous antiseptics within the abdominal cavity is the most silly thing in the world.

DR. H. I. OSTROM always uses antiseptics, and he used hot water in one case of profound shock following laparotomy. He filled the abdominal cavity, and by that means thinks he saved the patient's life.

DR. S. H. KNIGHT. At the Helmuth House and at other hospitals with which he has been connected, it has always been the practice to give just as little ether as possible, allowing the patient to partially

come from under its influence at times. They are given ice on being first put to bed. Then diluted milk or rice-water. They have no animal food before the seventh day. Abdominal flatulence is always best controlled by lye., which he finds works best in the fifteenth trituration. For vomiting, ars., verat., alb., hot water or tea is given. The last has been found especially useful. The bowels are not disturbed till the seventh or ninth day, when an injection is given. If that is not sufficient, a gluten suppository is given at night and an enema in the morning. The stitches are usually removed on the twelfth day. Will often get vomiting after the use of the clamp in hysterectomy. The rubber ligature which is tied around the pedicle, below the clamp, will control all hemorrhage. He has used the corrosive mercury, 1 to 25,000, in the abdominal cavity; also hot water. The effects from both are about the same. The instruments are always put in a one to forty solution of carbolic acid. The antiseptic treatment is very important.

DR. M. O. TERRY then read a paper on "Bromine in the Treatment of Septic Wounds." For all septic wounds coming from cutting one's self while operating or dissecting, or from infection from erysipelas or gangrene, he uses the following preparation, which has been of the greatest value: Into an eight-ounce bottle he puts one drachm of the iodide or bromide of potash, one ounce of pure bromine, and then fills it with water. When necessary to use this he pours about one drachm into a glass and fills it one-third full of water. Into this solution he inserts the finger some distance beyond the wound. It has always stopped the poisonous effects.

DR. WM. H. KING then read a paper upon "Electrolysis in Fibromyomata."

DR. GEO. E. GORHAM read a paper on "Cases of Nervous Exhaustion." The causes are predisposing and exciting, mental and bodily. They are mainly found in the pelvic region. The treatment consists in rest, food, discontinuance of tonics and stimulants, and the removal of causes of local irritation. He detailed several cases of profound neurasthenia. In one, the removal of an internal hemorrhoid; in another, circumcision; in a third, the passage of graded sounds to relieve the prostatic inflammation; in a fourth, rest, ignatia, massage, electricity, and in a fifth, silica, 6 x, effected complete and permanent cures.

DR. S. H. TALCOTT presented the case of a lady whose bodily weight was reduced to sixty-five pounds by her fanciful illusions. She was entirely relieved by medication. When her body was sound



her mental strength returned. The body is very important. When that is sound the mind will act well. "*In sano corpore sana mens.*"

Dr. BOOCOCK was glad to see that alcohol was being much less used now than formerly. He believes that it retards nutrition and undermines the health, until neurasthenia and allied diseases result.

Dr. J. W. DOWLING :—The stoppage of alcohol in chronic cases is most valuable. It is an absolute detriment in all cases. He cited the case of a physician who had just come to him for treatment, who had worked very hard, eaten heartily, and taken little exercise. As a result he had a paralytic stroke, and has developed a systolic aortic murmur. In such a case as this, less nitrogenous food should be eaten and no liquor drank.

Dr. FRED. L. FULTON, Chairman of the Bureau of Histology, then presented the report of that bureau.

A paper by Dr. A. Wilson Dods, upon the "Microscopic Characteristics of Carcinoma," was read. It was profusely illustrated with micro-photographs of the various varieties of cancer.

Dr. FRED. S. FULTON then read a paper on the "Local Origin of Cancer," in which he held that the development of cancer was through the means of local irritation, resulting in inflammatory action of a sub-acute type. Several cases, and a number of illustrations taken from his sections, showing the gradual development of the malignant growth through inflammatory action were presented.

After some discussion on business topics the Society adjourned, to meet at Albany, February 14th and 15th, 1888.

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#### THE SEMI-CENTENNIAL OF HOMŒOPATHY IN PITTSBURGH.

The semi-centennial of the crossing of the Allegheny Mountains by homœopaths, and of its establishment in Pittsburgh, Pa., was celebrated in that city on September 20, 1887, at 3 o'clock, P. M., in the Grand Opera House. At that hour a large concourse of people representing the wealth, the business enterprise and the culture of the "Iron City," including many of its distinguished physicians, and many members of the Homœopathic Medical Society of Pennsylvania, filled the house almost to its entire capacity. The stage was occupied by those who were expected to participate in the exercises, and by a number of other prominent members of the medical profession. At intervals during the afternoon Toerge's orchestra discoursed sweet music to further enliven the occasion. Dr. Jas. H. McClelland, of Pittsburgh, presided, and introduced the various speakers.

DR. J. P. DAKE, of Nashville, Tenn., the pupil and successor of Dr. Reichelm, delivered the Historical Address, which is given in full below. Addresses were given also by Drs. A. R. Thomas, President of the Pennsylvania State Medical Society, D. S. Smith, the homœopathic pioneer who introduced homœopathy into Chicago one year subsequent to its arrival in Pittsburgh, J. C. Burgher of Pittsburgh, and J. W. Dowling, of New York city. The addresses were replete with interesting reminiscences, and with comparisons between the medicine of to-day and that of fifty years ago. The influence of Pittsburgh as a "distributing point" through which homœopathy was destined to spread over the great west was felicitously illustrated by Dr. Burgher, who, in referring to the position of the "Iron City" and its industries, said, "What would the United States be without Allegheny county?"—a suggestion which was evidently appreciated by the audience.

After the conclusion of the addresses, Professor W. Tod Helmuth, M. D., of New York, introduced by Dr. McClelland as "Our Poet Laureate," read a poem written by himself for the occasion. Its subject was "Dogmatic Doctors," and its author portrayed his subject with the same inimitable skill and fidelity with which he diagnoses an iliac aneurism, or "opens up" an ovarian cyst. The reading was frequently interrupted by manifestations of applause.

Following is the text of Dr. J. P. Dake's

#### HISTORICAL ADDRESS.

In the course of time there come anniversary days and seasons to mark the lapse of years, and the progress gained from the birth of honored leaders, the founding of cherished institutions, and the announcement of new ideas, destined to work great changes in the conditions of men.

We are assembled to-day to celebrate the fiftieth year since the passage of a new and most beneficent mode of healing, west of the Allegheny Mountains. The sound of the voice of the orator, the booming of cannon and the strains of pleasing music are just dying away at the other extremity of this great Commonwealth, brought forth in commemoration of the adoption of the constitution of the American Republic, just one hundred years ago.

On this ground where we are now assembled, we might, at another time, celebrate the displacement of savage rule by the coming of the French and the planting of Fort Duquesne at the confluence of the Allegheny and Monongahela rivers. And, later, we might gladly



celebrate the extension of Anglo-Saxon civilization from this point. It was here that our young Washington came when it was necessary to gain a position commanding the great territory west of the Alleghenies.

While the extension of civilization, the triumph of arms taken up in a good cause, and the adoption of a constitution, rightfully termed the *maxima carta* of a free people, are events always worthy of commemoration, we hold that a move that leads to the banishment from the practice of the healing art of measures in the main useless and injurious, cruel and revolting, and the introduction of those that are more curative, while in every way agreeable, is an event calling for a joyful remembrance by all the people. The fruits of conquest, the possessions of country, home and kindred, are of little worth to those who are prostrated by disease and racked with pain in the absence of some efficient ministry of cure to bring relief.

Scarcely a single decade had gone by since the advent of Homœopathy in America, and it was practically known only in a few of the cities on the Atlantic seaboard, when a call came to the little band of medical reformers, at work in and near the city of Philadelphia, for a disciple of Hahnemann to be sent to the relief of the sick and drug-burdened people of Pittsburgh.

#### THE FIRST CALL.

Rev. Father Byer, a Catholic clergyman stationed in this city, having witnessed among the sick, and doubtless, experienced in his own person, the advantages of the new mode of healing, wrote a letter to Dr. Constantine Hering, asking for one of its practitioners. The request was laid before some of the younger men, who had been in attendance at the first post-graduate medical school planted in America—the Allentown Academy of Homœopathy. Among those asked to consider the call to Pittsburgh, was a young Prussian, educated at the University of Halle, and made acquainted with the new therapeutic principles by Wesselhoeft, Hering and others of the Allentown faculty. After a brief pause he decided to accept the call. That educated and elegant physician, destined to be the pioneer of the new therapeutics in the grand empire of States lying west of the Alleghenies, was

#### GUSTAVUS REICHHHELM, THE PIONEER.

Early in the autumn of 1837 he was slowly making his way over the mountains westward. On a bright October day, when the fields of living green were becoming bronzed and the woodland decorated with tints of purple and gold, he approached the scene of his future

toil and combat with medical ignorance and opposition as well as with human ailments. As the softening haze on hillside and valley, peculiar to the season, hid from view the rugged and forbidding features of the distant landscape, and cast a charm over all, so did the influence of youthful vigor and buoyancy and the enthusiasm of a free and expanded son of the old fatherland hide from anticipation all thought of the frowning prejudice and many annoyances that were awaiting him. Gladly received by Father Byer and a few others, who had been induced to seek relief and length of days by the novel method, Reichhelm began his work here on the 10th day of October, 1837. Known, at first, as the "Dutch Doctor," and then the "Sugar-powder Doctor," he moved quietly on, provoking only smiles of derision from the medical men around him.

He was employed as attending physician at the Catholic Orphan Asylum, where the cures effected attracted much attention and inspired confidence in the new practice. During a period of nearly twelve years, under his medical administration, and with several epidemics of measles, whooping-cough and scarlet fever, there were but two deaths among the inmates of the institution. And it should be remarked that one of the fatal cases was that of a child, taken from a mother prostrated with consumption, itself dying from inanition a few days after admission.

I had the statement from one of the old visitors of the Asylum, that more children died during the first year, after an allopathic attendant was employed, than during Reichhelm's whole term of a dozen years. And, it should be said, the change in medical attendants and modes of practice was owing to the fact that the control of the institution had passed into the hands of another order of Catholic Sisters, who knew nothing of homœopathy, or preferred a medical attendant of their own religious faith in place of a Lutheran.

When it was discovered that smiles of derision and belittling epithets failed to check the new practice, and that those adopting it were not of the poorer and more illiterate classes, nor among those careless of the demands of health, the old physicians became fearful of the competition and adopted new tactics to check its progress. Among other things resorted to, was defamation of personal character. On one occasion a slanderous report was circulated, by two prominent allopathic physicians, well calculated to utterly ruin the new comer. A respectful but prompt and firm demand for retraction or explanation was made. One of the parties offered a satisfactory explanation and denial, while the other treated the note with contempt.



A suit of damages was entered and would have resulted seriously to the traducer but for the interference of his friends, who effected a compromise. So complete was the triumph of our pioneer that the tongue of slander, ever after, touched him lightly and seldom troubled those who came here later as his associates and successors.

For eight years Reichhelm worked on alone, no fellow practitioner coming to his aid till Dr. Charles Bayer located across the river in Allegheny City. Two years later he had an able and aggressive helper in the person of Dr. D. M. Dake, in this city. Then came Dr. Cote and Dr. Hoffman and Dr. Penniman and your present orator.

The epidemic of Asiatic cholera in the year 1849, and its successful treatment by the homœopathic physicians on this field, swept away the great barriers to the acceptance and spread of homœopathy.

Time would fail me to speak of the subsequent visits of that dread disease, the success gained by our practitioners, the occasional attacks and rejoinders in the public press, the coming of new and able advocates and practitioners, and the rapid increase of friends among the people. The early pioneers have nearly all gone from the field, some to labor in other parts of the country, some to the shades of retirement required by advancing age, and some to the rest, provided in the world now unseen by us, for the faithful healers of the sick. Only two or three are left to join with us in celebrating this anniversary. But, by a wise provision of nature, younger and equally able men are raised up to occupy the field.

It is said to be a fancy peculiar to those grown old in any important line of service, that they imagine when they are gone vacancies will be left that none can fill—that the cause must suffer and the world get wrong. But the faithful historian must record the fact that in this medical field, the workers of each generation have seemed to have a special fitness for the duties devolving upon them.

Fifty years ago a man of iron mould, cultivated and quick to defend his honor, was demanded. Reichhelm was finely educated, of commanding presence, self-reliant, of few words and always cheerful and kind. Those coming after him were better prepared for the polemics of their time, meeting the literary and logical assaults of the enemy with the weapons of literature and logic. And those coming later have been more highly endowed with faculties for organizing and building, so as to extend professional information through societies, and professional blessings through the dispensary and the hospital.

There are some present to-day, qualified by a personal acquaintance,

to bear witness to the truthfulness of what I have said of Reichhelm and his immediate successors.

#### EXTENSION OF HOMŒOPATHY.

The spread of the new art of healing, following the lines of what was then the "rapid transit" of the country, extended down the Ohio river. In 1838 Pulte was in Cincinnati, and the year following, Rosenstein in Louisville. In 1840 Homœopathy was first known in Indiana, in 1841 in Michigan, in 1842 in Wisconsin, and in 1843 in Illinois, and the village of Chicago.\* And it affords us great pleasure to have with us, upon this platform to-day, the noble Chicago pioneer and veteran, Dr. David S. Smith, who, besides being the pioneer in our cause, has the distinction of having been, longer than any other living man, a practitioner of medicine in the great metropolis of the West. You will, shortly, have the privilege of listening to him, as the representative of the city having two flourishing colleges devoted to the therapeutic teachings of Hahnemann, a city so favorably acquainted with Homœopathy that more than half her taxes are paid by those who depend upon its ministry in times of sickness.

The light of *similia* was seen the following year on the Mississippi, at St. Louis, and likewise on the Cumberland, at Nashville. And so the work of medical reform, beginning at Pittsburgh in 1837, spread westward and southward and northward, appearing in Texas and then on the Pacific coast just a dozen years after its passage of the Alleghenies. Its foot-hold, however, was not so strong, nor its immediate progress so great at many points, as at Pittsburgh. And it is not strange that it was so; for the pioneers in reformatory movements of any kind, are not all endowed with tact and skill to win success, nor with the necessary steadiness of purpose and perseverance to hold the ground once occupied. Years elapsed, in some places, before practitioners came who had the requisite endowments.

As already intimated, the greatest help to the spread and intrenchment of Homœopathy in the confidence of the people, in the West (as in most other parts of the civilized world at one time or another) was the prevalence of Asiatic cholera in the years 1849, 1850, 1854, 1866 and 1873.

In a form of disease so well marked, and so destructive of human life, when allowed to take its own way, unchecked by therapeutic measures, an opportunity was given for the trial of curative and pre-

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\* Dr. Smith, on the occasion of the delivery of this address, amended the date of this event and stated that it occurred in 1838.



ventive means, and a comparison of the results. In this city, in Cincinnati and in all the cities where cases received homœopathic treatment, the superiority of the new method was most plainly demonstrated.

At no point was this fact disputed except at Cincinnati, where a partisan editor questioned the truthfulness of the reports of cases treated and cured by Drs. Pulte and Ehrmann.

Taking the lists furnished by those gentlemen, an inquiry was instituted from house to house, by a non-medical committee, which fully confirmed the homœopathic claims and caused them to be more widely published and to become more convincing than they could otherwise have been.

In the lower valley of the Mississippi the successes achieved by the practitioners of Homœopathy in the treatment of the yellow fever, the dreaded scourge of the tropics, have gained the confidence of observing people for the new school and opened every door for its admission. It is generally conceded that cases of Asiatic cholera and yellow fever call for remedies possessed of power rightly to impress the human organism; and hence our increased number of recoveries must be allowed to mean something.

#### THE STATE OF MEDICINE FIFTY YEARS AGO.

The event we are here to celebrate must take our minds in retrospection to the state of medical art as it appeared fifty years ago in our part of the world. So far as the practice was in pursuance of college teaching—so far as it was not in the hands of our good grandmothers and those accounted as quacks, it was decidedly heroic. The era of calomel, antimony, the blister and the lancet was not gone. Preventive medicine was little thought of, and the regulation of the air, water and food supply for the restoration of health was regarded as quite unbecoming the scientific physician. The fever patient was kept in a close room, on a feather bed, with few if any changes of linen, and without the refreshing draught of cool water, except where salivation was desired. Disease, regarded as some mysterious entity, some morbid matter in the blood or stomach or bowels, was to be removed by copious bleedings or by vigorous emetics and cathartics.

With such a crude pathology and such heroic therapeutics prevalent among medical men it is little wonder that the reformers who came denouncing the lancet and the massive and destructive doses of drugs, should be regarded with contempt and met with ridicule. Nor should it be surprising that they were characterized as "fools or knaves."

Gradually the negative good, the fact that more patients with pneumonia, pleurisy, scarlet fever, Asiatic cholera and yellow fever, recovered without bleeding, salivation, blistering or purging, under the mild measures of Homœopathy, led the people to doubt the efficacy and then the safety of the old practice.

And the suggestion was not lost on the medical profession. Those who had not arrived at a stage where they are said to "learn nothing and forget nothing," began to take the hint and abandon the heroic measures. And the change among them was hastened by the discovery that the most enlightened and observing of the people would no longer bear such treatment, and were, more and more, resorting to the new practice.

The irreconcilables, those who could "learn nothing and forget nothing," would have been something more than human had they not become alarmed in view of the changes taking place among progressive medical men, as well as among thinking people. They appealed to the Coroner, to courts of law and to legislators for protection of their craft by the repressive force of the civil arm. In this city a Coroner's inquest and a suit for damages instigated by them, about thirty years ago, against two of our practitioners, did more to demonstrate the learning and skill on our side of the profession, and the envy and malice on theirs, than years of ordinary controversy and display of clinical proofs could have done. In spite of the learning of a Shaler and the eloquence of a Stanton, the result was in our favor.

Though the recollection of such experiences yet lingers with those of us who were on the stage of action here a third of a century ago, all feelings of resentment and bitterness have passed away.

Sustained by public opinion as well as by courts of law, and especially favored by the myriad-tongued press, the great enemy of bigotry and the friend of fair-dealing and progress, we have held on our way successfully, and, to-day, stand in a position to view with composure as well as candor the efforts of all who would place obstacles in our path.

Driven, years ago, to the necessity of organizing societies and schools and establishing journals of our own, we have found in them the way and the power to make ourselves understood and to protect our interests throughout the country; and wisdom admonishes us to adhere to them till the undoubted right to think on all medical topics and freely to express our thoughts in any society and any medical journal devoted to progress is conceded on all hands.



It becomes us, however, carefully to guard our own societies, lest the disposition, natural to some orders of mind, to repress new ideas and to place a Chinese wall around doctrines we may cherish to guard them against all change, be allowed to exercise its baneful influence.

Any society, devoted to experimental science, which assumes an orthodoxy and directs its energies to the detection and punishment of heterodoxy among its members, has outlived its usefulness and should speedily pass away.

Our societies and our journals are yet open to the expression of any views, couched in proper terms, from any thinker and any practitioner, be he allopath or homœopath, and when the same freedom and courtesy shall characterize the societies and journals of the old school, then it will do to talk about the dropping of all distinctive titles and all appearances of a separate school.

The "trades union" and "boycotting" methods of our old school friends are not entirely consistent with the claim of being "non-sectarian" and "regular."

#### THE PRESENT AND FUTURE OF MEDICINE.

Such thoughts bring us to consider the medical field now, as compared with fifty years ago, and to cast our minds forward to fancy the changes yet to come. In 1837 Reichhelm was the only representative practitioner of the new school west of the Alleghenies, while the year 1887 finds more than five thousand of such practitioners. In every city and town of any importance they are seen to-day, surrounded by clients in all the higher walks of life. A goodly number of colleges have come into existence, and are annually sending out scores of well qualified homœopathic physicians in the Western field.

State and local societies are numerous and active. Hospitals and dispensaries have been opened to extend the beneficent ministry of *similia* to the suffering poor of the land.

With feelings of pride we must contemplate the progress of homœopathy in this old city, which now, with its sister city across the river, and their environs, boast so many educated medical men devoted to its practice. The Pittsburgh Homœopathic Hospital stands without a superior in this or any other country. It has been my privilege to visit the finest hospitals on both sides of the Atlantic, and I do not hesitate to say that I have nowhere seen one that, in structure, appointments and management, excels that established by the success-

ors of Gustavus Reichhelm and their friends in this city. It will stand, I trust, to commemorate their devotion to truth and humanity long after they, themselves, shall have passed forever from the walks of life.

I must be excused on this occasion, for some personal references and some expressions of local pride, for it was here I spent years with Reichhelm, first as pupil and then as partner, and finally as successor; and here that I had around me, as students, many bright young men, some of whom have been leading spirits and chief factors in founding and managing the hospital of which I have so proudly spoken. Some of those young men I now see around me—but how changed! The labors of two and three decades, exposure to summer's heat and winter's cold, loss of sleep and harrowing cares have thinned their locks and turned them gray, and laid many a line of earnest thought on brow and cheek. I am happy, successors, associates and students mine, again to be among you, and especially to join with you in celebrating the event that has given occupation, and field, and fortune to you and me, and a most beneficent mode of healing to the great regions of our country lying west of the Allegheny Mountains!

#### THE CENTENNIAL OF THIS EVENT.

When the exercises of this day are closed and we look forward in imagination to an assemblage, here to celebrate the hundredth anniversary of the coming of Reichhelm to this city, what is the scene presented? All in this assembly will be gone, save a few of the younger people whose lives may be extended to the "three score and ten."

The institutions now comparatively young, will then be looked upon as old, and many will be the changes in the methods and means of the art of healing. I venture to predict the disappearance of hundreds of agents from the *materia medica*, which are now regarded as useful, sifted out by careful tests and a more critical clinical experience; a better knowledge of the pathogenic and therapeutic influences of the common articles and agencies of life, such as air, water, motion, electricity, food, clothing, occupation and habits; the disappearance of creeds and the distinctions of "orthodoxy" and "heterodoxy" in medicine; and the reign of freedom to think, speak and write in behalf of what each may consider true and best. The enlightenment brought by the new physiology will make men afraid to cast into the delicate human organism the drugs and doses now regarded as necessary and safe. So far as internal medication shall be resorted to for



the removal of disease, the cure of the sick, aside from germicides and palliatives, it will be more or less in obedience to the homœopathic law.

The changes we have seen during the last fifty years, the abandonment of bleeding, blistering, salivating and endless purging for the cure of the sick, warrants the belief that it will hardly take fifty years to ensure the gentle reign of *similia* throughout our country, so far as scientific medicine shall be known.

#### A MONUMENT FOR REICHHHELM.

In closing I desire to state a fact and make an appeal. In your beautiful cemetery, on a gentle knoll, rest the remains of Dr. Gustavus Reichhelm, with no marble or stone to mark the spot. I ask those who, as physicians and patients, have enjoyed the fruits of his pioneer labors, to contribute a few dollars each for the erection of some suitable monument, to tell to present and coming generations what he did for this community and for the people of the great West.

Let us have a committee from the Allegheny County Society to accept the contributions made and apply them properly to the object indicated, so that those who shall come after us may not say that we were unmindful of the great services rendered by our noble pioneer, GUSTAVUS REICHHHELM.

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## Correspondence.

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### THE NEED OF AN INTERNATIONAL PHARMACOPŒIA.

59 MOORGATE STREET, LONDON, August 31, 1887.

EDITOR HAHNEMANNIAN MONTHLY :—In your August issue you publish a letter from Mr. Alfred Heath, of London, from which it is evident that this gentleman has entirely missed the point at issue between Mr. Tafel and myself.

1. The superiority of tinctures made from fresh plants over those from dried has not been questioned by us, and I leave it to those who have read the whole correspondence to judge whether or not the inference that I have “advocated the making of tinctures from dried plants in preference to green, fresh plants” is a fair one. This plan would be opposed to that of the B. H. P., which I have upheld throughout.

2. Either Mr. Heath does not clearly understand the directions of the *British Homœopathic Pharmacopœia*, or else he has misrepresented them by his remark that the plan of drying a sample of the fresh plant to determine the quantity of moisture "is good only in so far that it tells one whether it contains more than its usual amount of juice," since the objects gained are, firstly, a standard and unvarying strength of alcohol, year by year, and secondly, an approximate drug strength. The constant strength of alcohol ensures a solvent of equal power and hence capable of dissolving the same medicinal substances in each case and in the same proportions.

My chief contention is, that however a fresh plant tincture may vary in appearance or otherwise, the homœopathic pharmacist who prepared it should be able to guarantee that its alcoholic strength corresponds with that selected as the most suitable solvent of the virtues of the plant. This end can only be attained by the very simple expedient of drying a sample to ascertain the amount of moisture the plant contains.

That the juices of plants hold in solution *traces* of their active constituents, either in combination with an acid or alkali which are otherwise insoluble in water I do not deny, but I maintain that it is better that a pharmaceutical preparation should represent them in the proportions in which they exist, both in the juice and tissues—in fact in the plant itself.

Yours faithfully,

JOHN M. WYBORN.

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#### SURE SYMPTOMATIC INDICES.

EDITOR HAHNEMANNIAN:

Replying to the comments of Dr. Lilienthal on my paper, "Pathogenetic Indices," I will state that *tarentula Cubensis* was the remedy used, the potency 30 centesimal. My authority for the statement relating to the use of this drug in the last stages of consumption is Dr. Kent, of St. Louis. Dr. Kent remarks as follows: "I have seen arsenic, carbo v., lyc., lach., act kindly and quiet the last hours; but *tarentula Cubensis* goes beyond these. When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say, "Doctor, can't you do something to relieve that horrible suffering?"—the pain, the rattling in the chest,



with no power to throw the mucus out. The patient has but a few hours to suffer, but can be made as quiet, in a very few minutes, by the tarentula 30, as with the terrible morphine. It will be seen that the tarentula is administered at the time death-pains, pains of dying cells appear; such come on when mortification begins. The condition, it will be seen, is very similar to the pathological condition wherein antimonium tartaricum is indicated; demonstrating, on the authority of such accurate observers as Drs. Kent and Lilienthal, a very close analogy between the action of these drugs, which valuable facts may be utilized by the profession.

Dr. Lilienthal puts the question—*In lilium*, is the symptom, “heart feels as if squeezed in a vice,” the right expression? My sensation when proving the drug was: “heart feels too full and would feel relieved if relieved by discharge of blood.” In answer to this question I must call the Doctor’s attention to the fact that in the proving by W. Payne, incorporated by Dr. Hering in his condensed “Materia Medica,” p. 537, under caption of “Heart, Pulse,” occur these words:

“Heart feels as if squeezed in a vice. Heart feels as if grasped, with pain and heaviness of left mamma to scapula. Heart feels as if violently grasped, then suddenly released; and so on alternately.”

Whatever be the special heart symptoms of the drug, the characteristic symptom, “full distended feeling of all parts of the body” will be an infallible guide to the prescriber. The Doctor’s request to present more symptoms of absinthium will be complied with in the near future.

Dr. Lilienthal’s words of praise are very highly appreciated and will be an incentive to greater endeavor.

Faternally,

EDWARD F. BRADY.

## Editorial.

### OUR EDUCATIONAL DEFICIENCIES.

The need of a broader and more comprehensive education for homœopathic physicians seems to have impressed itself upon the minds of some of our most prominent educators, as well as upon our journalists. Since the publication of an editorial on this subject in the *HAHNEMANNIAN*, we have observed similar views expressed by Dr. Leonard, President of the Minnesota State Medical Society, and by Dr. A. R. Thomas, President of the Pennsylvania State Society. Dr. T. F. Allen, of New York, even before our editorial was written, had given quite emphatic utterance to the same opinion. All these gentlemen are connected with homœopathic colleges and it is not unlikely that they have expressed the sentiments of a considerable number of their colleagues. If such is the case, the outlook may be considered hopeful, since the colleges are thus likely to acquiesce very promptly in any demand, of such a character, which the profession may see proper to make upon them.

It is not often that a more striking demonstration of this crying need of our profession is presented than one quite recently furnished by one of our journalistic contemporaries. The journal referred to was challenged by a correspondent to "publish examples—theoretical and practical—of cures by measures which are non-homœopathic" and in response gives some eight or ten "examples" of non-homœopathic "cures" taken, as the writer says, "from his own note-book." Our readers are requested to inspect these so-called "cures" and see what they can make of them. They are as follows:

#### 1. *Alcohol in puerperal septicæmia*—

The patient "during three weeks was nourished with whisky and water, and bathed and swathed with alcohol. Other antiseptic measures were used, such as vaginal douches of the hydrargyri bichloride, and the carbolic acid spray. This was continued until all evidence of sepsis subsided. Truly this method was not homœopathic."

Certainly not; neither was it a "cure." Assuming—what the writer claims—that the treatment was antiseptic, it simply acted, if it acted at all, by destroying the infective agent and possibly—though not very probably—shortened the infecting process. But what evidence is there that the disease caused by the infection was even touched by the treatment? The report gives us none whatever.

2. *Alcohol and Diphtheria*—Here the writer, after describing his methods of employing the drug, says: "It is interesting to note with what facility the alcohol dissolves (?) the diphtheritic exudation in the throat, lowers the temperature and becalms the pulse, showing its destructive action upon the germs of the disease which have been absorbed by the glands and gained access to the blood," etc. Suppose it does "destroy the germs, becalm the pulse, lower the temperature and dissolve the membrane," does that constitute a "cure" of the disease called diphtheria? If so, why does it happen that when all these wonderful things have been done the patient frequently dies just the same? Do not we all know that the *continued presence* of the germ is *not* an essential to the *continued progress* of the disease, and that the germ simply determines the initial process, which then goes on without its



further help? Cases such as above alluded to are spontaneous recoveries pure and simple. It is doubtful if even an educated allopathist would call them cures.

3. *Brandy and cholera infantum*.—This, the writer says, "has served him unflinchingly in many desperate cases of the malady in which the *similimum* had utterly failed," and that during its exhibition he "withholds *other nourishment*." He thus makes it plain that he administers it not as a medicine but as a food. Does he mean to say that it is also a preferred substitute for "the *similimum*?" If so, he must have administered the *similimum* as "nourishment" also. No wonder it "failed." This case also was a natural and spontaneous recovery, the patient being supported by a stimulant until the violence of the malady had subsided. It was in no sense a "cure."

4. *Catharsis in catarrhal gastritis*.—This, in brief, was a case of obstinate constipation, with impaction, in a man eighty-six years old. The case had been mal-treated with brandy, iron, quinine, strychnia, etc. Finally the intestines were emptied by repeated and gentle purges; the man got well, and the writer reports that as a "cure" of catarrhal gastritis with compound cathartic pills. Comment on this "cure" is needless. The drug, or drugs, aided in removing an incidental *result* of the disease. The disease which had produced the "result" may, for anything the doctor knows to the contrary, have *entirely disappeared before he began his treatment*. The best that can be claimed for this case is, that the treatment may have *allowed* the recovery; that it *caused* it is a purely gratuitous supposition, and a well-nigh incredible one.

5. *Fasting in epilepsy*.—A "young man"—"son of a wealthy father"—"a voracious eater"—"attacks recurring frequently, sometimes *three times a day*"

[italics ours.] He was put upon a sensible diet, and his attacks "ceased." That is to say, the thrice-daily-repeated morbid agent was withdrawn, and there being nothing to excite further attacks the attacks were not "excited," and that is all there is in it.

6. *Ipecacuanha and croup*.—A case of spasmodic croup excited by gastric irritation. An emetic dislodged the Christmas nuts and candy, and the laryngeal spasm relaxed. Thus did ipecac "cure" croup.

7. *Issues and eczema*.—A seton over the deltoid muscle is followed by the relief of a troublesome eczema of the auditory meatus. Our contemporary says, "it was cured," but it is significant that it was treated "not long since." The future will probably have some testimony to offer as to the permanency of the "cure."

8. *Diet in disease*.—Here we are gravely informed that the elimination of sugar from the diet of aged people with enlarged livers will cure their chronic flatulence. Lean meat and skimmed milk in diabetes; milk and farinaceous diet in gastric catarrh; boiled milk in enteric inflammations and ulcerations; fresh vegetables in scurvy, etc., etc., are cited as examples of "cures" of diseases by diet.

The editorial writer whom we are thus critically quoting, has himself, and in the same article, effectually controverted the idea that these cases are "cured" by the physician. He speaks of "the headaches from gastric irritation; the diarrhœas due to dietetic errors, the reflex of sufferings due to gastric irritations, the fevers and inflammations caused by infections," and a long list of similar maladies, and then says of them—"The indications of treatment in such and similar cases comprehend, for the most part, the removal of causes; *the cure may safely be left to nature*." And then he coolly claims that *he*, and not

nature, has cured the cases which he cites as having been treated in this very fashion.

Nearly all homœopathic physicians make use of means similar, in their object if not in their character, to those above mentioned. But they do not designate the results as cures. Such treatment is, to most of them, but preparatory to the administration of medicines. But many homœopaths do make the grievous mistake of supposing that cures may be effected by drugs which have no specific relation whatever to the diseased structure or the disordered function. And this mistake leads to the more dangerous error, that the method of cure is not very material, if only a cure be effected somehow. A little reflection and study of the subject ought to convince us that there is *but one* direct method of changing a disordered vital function, and that is by acting directly upon that function, and that the drug which does this is homœopathic always.

It would be easy to cite cases in which "the removal of the cause" or "the removal of the product" of disease, fails to check the progress of the disease itself. If to such a case we apply the therapeutic similimum, and the progress of the disorder is promptly checked by it, we call it a *cure*. But should any educated physician place this cure in the same category with those recoveries that follow from mere removal of exciting causes? Surely not. The first is determined by an influence directed against the malady itself; the second is but a natural self-limitation of the disease.

Let it be understood that we are not objecting to the treatment described by our contemporary. In our opinion it is perfectly rational. Moreover it is in full accord with the spirit of the injunctions of Hahnemann, as laid down in the *Organon*. We make an exception

of the seton, however. But the fact that physicians of both schools are in the habit of citing these spontaneous recoveries as cures, leads many of our homœopathic physicians into the false belief, that real, genuine cures by pure allopathic treatment are not uncommon. This belief encourages them to employ allopathic measures for a purpose to which they cannot be properly applied, and gives to allopathy a vast amount of credit to which it is not entitled.

The physician's art may be directed against the cause of a disease, or against the predisposition, or against some abnormal condition or process incident to it, or against a morbid product of the malady, or against some one or more of its symptoms, or even against *all* of these things, and yet the disease itself be not even touched. Indeed, such treatment rarely does touch the disease. Treatment which acts merely on an antecedent, a concomitant, or a consequent of the disease may be very useful; may actually save life; may even determine a restoration to health, but it never really cures—*never*—*NEVER*. And Hahnemann never wrote a truer proposition. (*Organon*, sec. 24).

The general lack of systematic knowledge on this subject is due to the failure of colleges to provide instruction in the Institutes of Medicine. Homœopathic students, it is true, are taught those portions of the science that we find set forth in Hahnemann's *Organon* and in his *Essays*, and that is all. Allopathic students are taught nothing on the subject, except a point here and there incidentally. A complete course of instruction in the underlying principles of therapeutic science is not given in any medical college in the world so far as we are aware. This omission is, perhaps, the profoundest error in the medical education of the present age. And only homœopathic colleges are competent to deal with it



and rectify it. The recognition of their responsibility cannot come too soon.

#### AN ADVANCE IN BACTERIOLOGY.

The investigations by Dr. Albert R. Leeds, of the Steven's Institute of Technology, Hoboken, N. J., one of the analysts of the New Jersey State Board of Health, into the origin of the epidemic of typhoid fever recently prevailing in the borough of Mount Holly, have resulted in a discovery which promises to be of some importance in relation to the germicide question as applied to potable waters. Dr. Leeds has fixed the cause of the epidemic, quite positively, at a place called Smithville, a village located about three miles above Mount Holly, and draining into Rancocas Creek, the stream from which the borough obtains its supplies. In a large boarding-house located in Smithville, there had been several cases of the disease, and their excreta had been allowed to pollute the stream.

Dr. Leeds obtained samples of the Rancocas water; (1) from a point above the alleged source of contamination, and (2) from the entrance to the crib of the pumping-station. Between these two points there are three miles of meadow and marsh lands, whose waters reach the stream. Both samples, however, were of a dark-yellow tint, doubtless from solution of peaty matters, and sample two was turbid with filaments of decayed vegetation.

Gelatine-peptone plate cultures were prepared with both samples. The Smithville sample yielded, per cubic centimetre, 50 colonies of bacteria, the pumping-station sample, 8100 colonies. The form was the *B. lineola*, except in one instance, where there was a single colony of the *B. termo*. In no culture did the investigator find the peculiar specific micro-organism described by Eberth, or that described by Klebs, or

the micrococci of Chantemesse and Widal. The organisms observed were those usually found in conjunction with the process of putrefaction.

Professor Leeds then tried what proved to be a very significant experiment. He added to a portion of sample No. 2, alum, in proportion of one-half grain to the gallon. It had the usual effect of precipitating the peaty solution and the turbidity in the form of reddish-yellow flakes, and the water above became colorless and clear. A cubic centimetre of this fluid yielded only 80 colonies of bacteria, instead of 8100 as before. On filtering some of this clear water through sterilized filter-paper, it was found, on testing in the usual way, to be as sterile as if subjected to prolonged boiling.

The interesting point about this use of alum for the removal of microbes from potable waters, is that the minute quantity employed does not affect the taste or impart to it the slightest toxic property.


#### THE FARRINGTON MATERIA MEDICA LECTURES.


The best piece of news that we have for our readers this month, is the announcement that the promised volume of Professor Farrington's *Lectures on Materia Medica*, is out. The volume contains 752 pages octavo, in cloth binding, including a "Therapeutic Index," and is to be sold at six dollars.

Those who imagine that this book is but a voluminous array of symptoms, strung together like beads, or hurled at the helpless reader's head as if fired from a Gatling gun, are destined to enjoy a most delightful surprise. Those who have listened to Dr. Farrington's lectures in the college or heard his "talks" in the medical society, will understand what we mean in saying that he possessed the faculty of clothing his drugs

with flesh and enkindling them with life.

The work has been given the title of "A Clinical Materia Medica," and with good reason; since the comparisons between drug effects and the symptoms of various forms of disease constitutes one of its most prominent features. We shall have an extended review of the volume for our next issue.

 We present this month an account of the celebration of the semi-centennial of homœopathy in Pittsburg, with the full text of Professor Dake's Historical address. Next month we expect to give our usual report of the proceedings of the Pennsylvania State society.

 Dr. J. C. Burgher, the Secretary of the Institute, informs us that the annual volume of Transactions will appear about the first of November.

### Notes and Comments.

French physicians are rapidly abandoning the use of gaseous enemata in respiratory diseases.

An effort is being made to introduce Pasteur's method of treating rabies into the General Hospital at Vienna.

The Surgeon-General's library is being arranged on the shelves of its new building on the Smithsonian grounds.

Lawson Tait thinks his time spent in learning German was "thrown away." It is thought possible that the language may survive, nevertheless.

A quack recommends smoking for the treatment of sciatica, because it is well known that smoke will cure hams. —*Buffalo Med. and Surg. Journal.*

The *Southern Journal of Homœopathy* thinks the Institute made "a decided mistake" in selecting Niagara Falls as the next place of meeting.

The Illinois State Board of Health has revoked the licenses of two physicians for advertising their business in the newspapers. Has the A. M. A's code of ethics become statute law in Illinois?

Two hundred and ninety thousand to the square mile is the population of certain portions of New York city. The most densely populated part of London falls 120,000 short of that number.

The New York City Board of Health requires that the burial of persons dying of any contagious disease shall take place within twenty-four hours, and that the obsequies shall be private.

"There is no question in my mind that the average American student learns more in one month than the average German student in three; because he makes better use of his time." Dr. N. Senn.

The Ameer of Afghanistan has had his physician beheaded because a salve applied to a regal boil on the royal neck, caused his royal highness a night of pain. We wouldn't attend that fellow for less than seven dollars a visit.

It is quite the fashion in America to estimate European medical schools far above our own, and their longer period of study is held up for our imitation. A recent writer, however, intimates quite broadly, that the students in at least one German university "spend one, two, three, or almost four years in idleness."

The San Francisco College enters its fourth year with improved prospects of growth and development. The professors are earnest and devoted in their work and we learn that some of them meet their classes in the evening for quizzes and reviews. The dispensary has been refurnished and clinics are held daily, at which the supply of material is abundant.

And now "they say" the thyroid gland is for the purpose of imparting to hemoglobin the property of absorbing oxygen. In other words, to enable arterial blood to convey oxygen from the lungs to the various tissues. And then, in order to prove it, "they" cite observations which do not seem to prove anything except that "they" are as much in the dark as ever.

Our genial New England contemporary, the *Gazette*, is hugging itself with very ecstasy, in view of the establishment of Otis Clapp & Son in their new



and magnificent headquarters at No. 10, Park Square, at the foot of Columbus avenue. But while the *Gazette* is congratulating the New England profession, it should remember that all of us are interested in the success of the famous Boston publishing house and pharmacy.

Cook County Hospital, Chicago, shows in its annual report, that in both its medical and surgical departments the mortality is less under homœopathic than under allopathic treatment. This is the opportunity which homœopaths have been seeking for years, and it is just the opportunity which allopathists did not want them to get. The *Medical Record* wants an investigation made to see if "some such explanation" can be made as will lighten this "reproach upon the skill of the regular (*sic*) medical staff."

The Chicago Homœopathic College opened September 20th, with a larger senior class than ever before. A special course of public lectures has been given at which the attendance was good. The lecturers were Prof. Knoll, on "Modern Surgery in Germany"; Prof. H. C. Allen, of Ann Arbor, Mich., on "Homœopathy"; Prof. E. M. Hale, on "The Materia Medica of the Future"; Prof. R. N. Foster, on "Modern Medicine"; Dr. O. S. Runnels, of Indianapolis, on "Social Substratum". Each lecture was worthy of the place and the occasion.

A case of functional aphasia was reported by an A.M., M.D., LL.D., in one of the leading old school weeklies of the country. The following is the treatment adopted, (we quote the A. M., M.D., LL.D.'s, own words): "I wet-cupped the back of his neck and dry-cupped the temples high, and then applied a gentle current of electricity about the head and neck, after which he got off more intelligible words. I gave him *avena*, about ten drops, with five grains of iodide of potassium, to take before his meals, and two grains of ammoniated citrate of iron with two drops of tincture of *nux vomica* after; also an improved compound cathartic pill, to be repeated with a foot-bath, at evening, and advised him to eat some supper as it was ready." "I applied a

gentle current at bed-time as before, and, after the foot-bath and taking the second pill, he went to bed and to sleep. \* \* \* As he had some malarious symptoms I ordered one improved compound cathartic pill each evening, and gave him in addition to the medicines already named, two grains of cinchonidine four times a day." \* \* \* \*

Then the writer gives the following as the *rationale* of his wonderful prescriptions: "Wet-cupping to avoid lesion, electricity and *avena* to aid vital action; cinchonidine and pills for the malaria; iron, *nux-vomica*, and *bismuth* for the blood and digestion; blisters to allay meningeal irritation, and the warm foot-baths to detract from and relieve cerebral congestion."

It reminds one of the "scientific medication" applied by the old slave when his master had met with an accident and "broke something inside of him," "alum to draw de parts togedder and gum-arabic to sodder em."

## New Publications.

A SYSTEM OF GYNECOLOGY, BY AMERICAN AUTHORS. Edited by Matthew D. Mann, A. M., M. D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I. Philadelphia: Lea Brothers & Co, 1887. pp. 789.

At the beginning of the present century an interest in gynecology was revived, and from this time the contributions to this branch from American physicians dates.

The volume we have under review consists of fifteen papers by leading gynecologists of this country. The first article is by Dr. Ed. W. Jenks, of Detroit, and entitled "Historical Sketch of American Gynecology," in which he gives the names of many pioneers, such as Dr. Ephraim McDowell, who performed his first ovariectomy in December, 1809; Dr. John Stearns, who discovered the *modus operandi* of ergot, in this department of medicine, in 1807; Dr. Hodge, whose well known pessary was invented in 1830; and Dr. J. Marion Sims, who first operated upon vesicovaginal fistula, in 1845, and in conse-

quence of his contributions to surgery, has been termed the "Father of American Gynecology," and of whom the author says, "until his connection with it, gynecology, as a specialty, was unknown."

The next three articles treat of the Development, Anatomy and Malformations of the Pelvic Organs; the fifth is by Dr. Egbert H. Grandin, the editor of the "*Cyclopædia of Obstetrics and Gynecology*," now being issued; the title of this paper is "Gynecological Diagnosis;" this is an excellent article of about fifty pages. The following papers are devoted to pathology, surgery and therapeutics; one of these, entitled "Diseases of the Vulva," is written by the editor, Dr. Mann. "The Inflammatory Affections of the Uterus," by Dr. Chauncey D. Palmer, of Cincinnati, is an excellent chapter. It is well illustrated with colored plates. The whole book is profusely illustrated, and is gotten up in excellent style.

**DISEASES OF THE FEMALE URETHRA AND BLADDER.** By F. Winckel, M. D., of the Royal University, Munich; and Diseases of the Vagina, by A. Breisky, M. D., of the Royal University, Vienna. Edited by Egbert H. Grandin, M. D., of New York. These two treatises constitute Vol. X. of "*A Cyclopædia of Obstetrics and Gynecology*" (12 vols., price, \$16.50), issued monthly during 1887. New York: William Wood & Company.

Dr. Winckel states that though the pathology and surgery of the bladder and urethra were quite thoroughly understood by the ancients, many improvements have been made in recent times. Now the means of exploration of these organs are so perfect that we are able to examine with the finger and the eye almost the whole surface of the vesical mucous membrane; and Simon has provided two instruments, a urethral sound and a urethral catheter by which the uterus and pelvis of the kidneys may be explored and the presence of calculi in either determined; by this means also urine may be obtained direct from the kidneys without having passed through the bladder.

The author found that twenty-five per cent. of all female autopsies show bladder diseases, and that the urethra

of the female is much more frequently the seat of new growths than is that of the male, most of which spring from the mucous membrane.

Deformities and injuries of the bladder and urethra are very fully described. The last chapter treats of neurosis of the bladder, which are spasm, paresis, and paralysis.

In the second half of this volume we have a very excellent treatise on Diseases of the Vagina by Dr. Breisky.

B. W. J.

**THE MEDICAL GENIUS; A GUIDE TO THE CURE.** By Stacy Jones, M. D. Philadelphia: John C. Winston & Co., pp. 320.

This work is original in its arrangement and character. It is addressed to that class of the medical fraternity "who aim straight for the cure; with these it is sacredly preserved in its entire vitality, the very pith of all the pathies—the sole purpose of healing the sick."

The work is divided into sections, arranged alphabetically, each treating of a separate drug or subject. With each remedy is given the general indications for its use; the dose (minute, officinal and hypodermic); specifications of disease cured by it, etc.

Much useful information, coupled with the author's personal experience, is given regarding diet, electro-magnetism, local and mechanical applications, language of symptoms, etc.

Throughout the entire work the author strives to show the undoubted cures effected by doses both minute and massive, and "thus to constitute the work a mirror, in which the advocate of each mode of medication may see how the other cures."

The work is dedicated "to all those who prefer curing diseases to contending about dogmas."

**HOME SANITATION—A MANUAL FOR HOUSEKEEPERS.** By the Sanitary Science Club, of the Association of Collegiate Alumnae. Boston: Ticknor & Co., pp. 80.

There is a growing realization of the importance of the physician being a thorough sanitarian. Medical colleges are adding sanitary science to their regular curriculum, in order to prepare



their graduates for this important branch of their professional duties. This is a step in the right direction, and an advanced one too, for, of all others, who has such excellent opportunities to spread a knowledge of sanitary principles among the people as the family physician?

The little manual before us is a book calculated to help him in this good work. It has been prepared by a club of ladies who have devoted much thought and time to practical sanitation, and here give the experience gained in their own homes. The book treats simply and concisely of the important subjects of drainage, plumbing, ventilation, heating, lighting, etc. in a manner at once so interesting and instructive that the physician need not hesitate in deciding to recommend it to the housekeepers and property-owners in his clientele; and moreover to influence such of his patients to emulate the example set by these ladies who have devoted themselves to this noble work, and who hold that, "a knowledge of sanitary principles should be regarded as an essential part of every woman's education, and obedience to sanitary laws should be ranked as it was in the Mosaic Code, as a religious duty." The editors for the Society are Marion Talbot and Ellen H. Richards.

B. W. J.

**MASSAGE AS A MODE OF TREATMENT.** By William Murrell, M. D., F. R. C. P., Lecturer on Pharmacology and Therapeutics at Westminster Hospital; Examiner in *Materia Medica* to the Royal College of Physicians of London; late Examiner in *Materia Medica* in the University of Edinburgh. *Third edition.* Philadelphia: P. Blakiston, Son & Co., 1887. pp. 143. Price \$1.50.

Dr. Murrell has given much attention to the subject of Massage, and he claims that much of the rubbing and shampooing that is termed Massage, is misnamed. He states that "it is just as difficult to learn Massage in a few easy lessons, as it is to become a *prima donna* by this simple means."

This form of treatment is probably as old as surgery, and was practised extensively among the ancients.

Massage is a generic term which includes several forms of manipulation,

as effleurage, petrissage, friction, tapotement, etc.

The author cites a number of interesting cases in which the following diseases were relieved by massage: paralysis, neurasthenia, neuralgia, certain forms of heart disease, anæmia, corpulence, constipation, surgical affections, poisoning, etc.

The subject seems to be gaining in popularity in England, as this is the third edition.

**A HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY.** Volumes I and II, by Dr. A. Hegar (University of Freiburg), and Dr. R. Kattenbach (University of Giessen). In two volumes. There are also vols. VI and VII of "A Cyclopædia of Obstetrics and Gynecology," (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

These volumes, like the preceding ones of this series, are most excellent in matter and arrangement. The first part of volume I gives a detailed account of the technique of gynecological examinations and minor operations, the text is elucidated by numerous cuts.

In the latter half of the work operations on the ovaries are fully described; here it is stated that ovariectomy (extirpation of ovarian tumors) was first rationally attempted at the beginning of this century. In 1809 Ephraim MacDowell, of Virginia, performed his first operation; the patient recovered and lived for thirty-one years.

The past twenty-five years have seen the operation established upon a scientific basis and the introduction of antiseptics into surgery has been a great impetus to the development of this branch.

Oophorectomy (extirpation of healthy or slightly enlarged ovaries), was an operation proposed as early as 1823, by James Blundell; it was first performed by Hegar, in July, 1872. Battey did the same operation in August, 1872. At the end of August, 1885, Hegar reported 132 castrations with a mortality of 12.1 per cent. Tait, 245 operations with but 7 per cent. fatal.

Vol. II treats of operations on the tubes, uterus, broad ligaments, round ligaments, vagina, vulva and perineum. All of which subjects are ably handled.

**A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP.** By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic, etc., etc. New York: E. B. Treat. pp. 356. Price \$2.75.

This work was prepared because of the need felt by the author of a scientific treatise, embodying all the knowledge of a practical character possessed on this subject up to date. The first part of the work is devoted to the anatomy, physiology and hygiene of the hair; and there is no doubt that if the advice given on the latter subject was duly observed and followed, it would prevent many of the diseases described in the chapters following.

The classification of the various pathological conditions is as follows: Essential Diseases of the Hair; Parasitic Diseases of the Hair, and Disease of the Hair Secondary to the Diseases of the Skin.

Particular attention is given to the diagnosis and treatment of these diseases, and on completing the book we feel that the author has succeeded in his design to "present to the medical profession a concise statement of what is known of the diseases of the hair and scalp.

**WHAT TO DO IN CASES OF POISONING.** By William Murrell, M. D., F. R. C. P., Lecturer of Pharmacology and Therapeutics in the Westminster Hospital, etc., etc. First American from the Fifth English Edition. Edited by Frank Woodbury, M. D., Professor of Materia Medica, Therapeutics, and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. Philadelphia: *The Medical Register Company*. Pp. 158. Price, \$1.00.

This excellent syllabus of poisons, having reached its fifth English edition, has now been arranged by Dr. Woodbury for the use of American physicians, a few changes being necessary on account of the difference in pharmacopœial nomenclature and in some of the formulæ in this country.

In the introduction the author urges promptness, on the part of the physicians, in responding to calls in cases of poisoning, saying that "the patient's

life may depend on prompt attendance." In these pages he also treats of the "Diagnosis in Cases of Poisoning," gives the "Supposed Active Ingredients of Popular Patent Preparations," describes the "Antidote Bag or Case," and speaks of the "Fee." The body of the book is devoted to the consideration of the various poisons in alphabetical order; a description of the drug, its mode of administration, symptoms, fatal dose, and treatment being given. Dr. Murrell tells us that the problem in cases of poisoning is usually three-fold: (1), To prevent more of the toxic agent being introduced; (2), To antagonize or neutralize that already absorbed; and (3), To overcome its effect upon the system." The remedies are mechanical, chemical, or therapeutical.

He speaks of an unsuspected source of poisoning, in the use of pills coated with preparations, which dissolve very slowly, some coatings taking three or four days to dissolve. Such pills may accumulate in the stomach and "no effect be experienced until after an unusually hearty meal, when all the coatings may be dissolved at once, and the patient unexpectedly show symptoms of poisoning."

**N. W. AYER & SON'S AMERICAN NEWSPAPER ANNUAL FOR 1887.** Published by N. W. Ayer & Son, Phila. Price \$3.00, carriage paid. pp. 1170.

No one but the business managers of journals and advertisers and those who have large uses for newspapers and their columns, can well understand the value of the directories and annuals published by advertising firms in this country. They are full of information such as these business people need. This volume is a valuable one and is well arranged by neighboring States as well as by an alphabetical index with names of editors and publishers.

An extract or two from its prospectus will explain its contents:—

"This handsome volume contains a carefully prepared list of all newspapers and periodicals in the United States and Canada, arranged by States in geographical sections, and by towns in alphabetical order.

"Under this head is given the name of the paper, the issue, general characteristics, year of establishment, size,



subscription price and circulation, also the names of editors and publishers, and the street address (when known) in all cities of about 50,000 circulation.

"It enumerates the various Press and Editorial associations throughout the United States and Canada together with lists of their officers.

"It contains a list of all newspapers inserting advertisements, arranged in States by counties, with the distinctive features and circulation of each paper.

"Also complete lists of all the religious or agricultural periodicals, of Medical, commercial, scientific, educational or any other of the class publications, as well as of all publications printed in foreign languages, and a vast amount of general and statistical information of practical value to almost every business man.

"One of its chief features will be a carefully prepared description of every county in the United States, setting forth its location, area, adjoining navigable streams, the character of its surface, the nature of its soil, its leading crops and manufactures, its county-seat and population.

"It gives the population of every state, territory, county and county seat, of all the large cities and towns, and of almost every place in which a newspaper is published, taken either from the United States census of 1880, or from the state census of 1885, in every instance where such census was taken, or from recent careful estimates.

B. W. J.

## Gleanings.

### The Motor Power of the Stomach and the Influence of the Electric Current.

Prof. Ewald has enriched our diagnostic resources by a new procedure for investigating the motor power of the stomach. We know pretty well the chemical changes taking place during digestion, but our experiments on the time required by the stomach for transmitting food into the duodenum have, hitherto been limited to patients suffering from gastric fistula. Trials made in the normal state of health have always failed. A means has now been found in salol excellently adapted to solve this question. Nencki, who dis-

covered salol, has stated that it remains undissolved in the stomach, but is decomposed into phenol and salicylic acid by the pancreatic juice. The first part of this dictum is correct, the latter incorrect; for salol is decomposed by any neutral mucous membrane, whilst the juice of the pancreas seems rather to delay the decomposition. Salol on reaching the bowels, immediately dissolves and shows almost instantly in the urine as salicyluric acid. This easily yields a red precipitate with chloride of iron. This reaction will show almost exactly the moment of entrance of food into the bowel. The urine of seven persons in sound health showed the reaction to take place mostly within three-quarters of an hour, rarely within half an hour. It took two to three hours in seven cases of "ektasia ventriculi," this disease being distinguished by loss of motor power in this organ. On applying the electric current to the abdomen, the reaction took place in normal cases, a quarter of an hour sooner; in cases of enlargement of the stomach, half an hour sooner. This experiment says much in favor of this method of treatment which is despised by so many physicians.—*Medical News*, August 27, 1887.

### Hysterical (?) Paralysis in Syphilitic Subjects.

A young woman contracted syphilis, and during the secondary stage suffered from profound nervous depression. Seven years later she became hemiplegic on the left side, the paralysis coming on in the course of a day and being preceded by severe pain in the left ear. There was anæsthesia, anægesia, and loss of motor power on the affected side, and in addition the left facial muscles and external rectus were paralyzed. In the absence of any evidence of vascular or cardiac disease, M. Potain diagnosed the hysterical nature of the hemiplegia of the limbs, and this was confirmed by the great improvement under galvanism; at the same time he pointed out that the facial muscles are never affected in hysterical paralysis, and from the fact that the palati was affected, he inferred that there was a gummatous lesion of the sixth and seventh nerves near their origin. The patient had at the time a node on one femur.

The second case was that of a man aet. thirty-four years, of neurotic tendency and given to alcoholic excess. Ten years after contracting syphilis he suffered from intense headache and then followed several convulsive seizures during which he lost consciousness. This latter feature together, with the facts that the movements were sometimes unilateral and that a comatose condition persisted for some time after the fits, pointed to epilepsy; but on the other hand some of the attacks were like hysterical ones, ending in a flood of tears, and a sort of cataleptic condition was observed at times. When admitted he also had loss of power and sensation in the limbs of the left side (the knee reflex being absent), achromatopsia, with loss of smell, taste and hearing on that side. M. Potain regarded the case as one of hystero-epilepsy in which both syphilis and alcoholism had been factors of causation. Considerable improvement in all the symptoms followed the treatment with potassium iodide and mercury. The fact that the convulsions appeared at the age of thirty-four, would of course, be strong evidence against true epilepsy, apart from the character of the fits. The cases are interesting as showing the co-existence of so-called hysterical and epileptiform phenomena and tertiary lesions of the meninges or vessels (?) of the brain and as illustrating the extremely complex nature of some cases of cerebral syphilis.—*Annals of Surgery*, Sept., 1887.

#### Perforations of the Appendix Vermiformis.

In a paper bearing on the above subject, read before the American Medical Association, Dr. J. McF. Gaston makes the following deductions:

1. The primary disorder is dependent upon a local irritant, either mechanical, chemical or vital, inducing ulceration and disintegration at some point in its walls.

2. The modification in the tissues of adjacent parts depends upon the presence of a toxic exudation from its cavity, that ultimately leads to disorganization of structure.

3. Extension of the degenerating process depends upon the permeation of the structures with faecal matter, but may result from suppuration, or the

automatic propagation of inflammation from one part to another.

4. Agglutination between the layers of peritoneum may shut in purulent accumulations, and thus limit the inflammatory action to a circumscribed area, so as to assume the nature of an abscess in that locality.

5. General peritonitis may be accompanied by extensive adhesions of the adjacent serous membranes, and followed by vital prostration and collapse calling for the knife.

6. Septicæmia may occur from absorption of septic matter independent of suppuration, and associated with a low form of fever which ought to be treated by antiseptics and irrigation of the abdominal cavity by hot water.

7. When there are sufficient indications of perforation in the general symptoms, with pain and tenderness on pressure over the caecal region, without signs of fluctuation, an exploratory puncture below the ileo-caecal junction is warranted.

8. If there are any reasonable grounds to believe that pus is present, or that there is extravasation of faecal matter, whether from the perforation of the caecum or appendix, a free incision above Poupart's ligament should be carried down to those parts and drainage kept up afterwards.

9. In perforation of the appendix associated with general peritonitis, an incision in the linea alba affords the best prospect of reaching all the parts involved, and should be accompanied by thorough cleansing of the abdominal cavity, and especially of the ileo-caecal region.

10. The most efficient means of closing an opening in the caecum is by Lembert's suture, while an opening in the appendix demands excision and ligation.

11. When perforation is suspected, washing out the abdomen by the use of a syringe and two tubes will assist in the diagnosis and treatment.

12. An early operation with a doubtful diagnosis of perforation, lessens the likelihood of a confirmation of it by a necropsy, and hence no time should be lost in awaiting developments.—*Journal of the Amer. Med. Association*, Aug. 27, 1887.



### Sciatica.—Phosphoric Acid.

Dr. Ussher reports a case of sciatica of months' standing, affecting the right leg which was emaciated; again the pain would appear in the left, shooting down to the ankle, and all around the hip as well. Rhus, china, calcarea ostr., and cimicifuga rac., only helped the case for awhile. In Guernsey's "Key-notes," Dr. Ussher found under phosphoric acid, "on the left hip and left thigh, a neuralgic or rheumatic pain from the gluteal muscles or hip joint running down the leg to the knee, and often to the calf of the leg or ankle, which gets a little easier after walking but is still very bad." Phosphoric acid cured the case.—*Homœopathic World*, August 1, 1887.

### The Differential Diagnosis between Affections of the Middle Ear and those of the Labyrinth.

Dr. D. B. St. John Roosa, in a paper read before the American Otological Society, says that there has been some difference of opinion as to our ability to differentiate between affections of the middle ear and those of the labyrinth. Many cases usually classed under affections of the tympanum should be placed among diseases of the cochlea or of the acoustic nerve. The records of seven recent cases were given in detail. These cases were nearly all in the middle period of life, when its cares and troubles are most pronounced. Such patients often exhibit symptoms of nervous exhaustion. These cases may be benefited by the administration of strychnia, arsenic and quinine. Proper hygiene should be employed. The universal use of the watch as a test of hearing occasionally leads to false conclusions on the part of the general practitioner who discovers loss of hearing with the watch alone. When used alone Dr. Roosa regards the watch as insufficient. When both the watch and the voice are heard badly there is cause for anxiety. Many persons have lesions which cause them to hear the watch and certain other tones badly, who can hear the voice well. In the opinion of the author those persons who hear conversation better than the watch, who hear better in a quiet room than where there is noise, and who hear the tuning-fork better through the air than through the

bone, suffer from an affection of the labyrinth or nerve and not from disease of the tympanum, although the latter may be engrafted upon the previous affection. The general adoption of this view would save a good deal of local treatment of the naso-pharynx and tympanum, and greatly simplify and improve our therapeutics. As far as the aural condition is concerned, Dr. Roosa regards these cases as incurable. If we can assure these patients that if the general health be looked after carefully, they will never hear so badly but that they can hear in a quiet place. This has a good moral effect. It makes the patient happier and enables us to dispense with much useless treatment.—*Jour. of the Amer. Med. Assoc'n*, Aug. 6, 1887.

### A Small Point Worth Knowing.

According to Wedekind, by simply pressing on the supraorbital notches with a steadily increasing force, you may, with a certainty of success, detect a malinger; bring an unconscious alcoholic to his senses, and thus differentiate on the spot between alcoholic and other comas; cause cessation of hysterical convulsions, and in many instances, quiet violent alcoholic delirium. The best way of applying this test is: When the patient is in the recumbent position, the physician standing at the head of the cot, or kneeling when the patient is on the ground, fixes the tips of the thumbs over the supraorbital notches, as above described, never minding the occasional yell or struggle, pressing steadily, gradually increasing the force, and in half a minute or a minute the result is accomplished.—*Medical Record*, Aug. 27, 1887.

## News, Etc.

PERSONAL.—Dr. E. S. Breyfogle has removed to 209 Geary street, San Francisco, Cal.

Dr. B. F. Gamber, for ten years Professor of Physiology and lecturer on hygiene in the Cleveland Homœopathic College, will locate at San Diego, Cal., about October 1, 1887.

Dr. Emma T. Schreiner has removed to 123 West Cheltenham avenue, Germantown, Philadelphia.

Dr. J. H. Hamer has removed to 2102 Arch street, Philadelphia.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its sixteenth annual meeting in Memphis, Tenn., November 8-11, 1887.

A HOMŒOPATHIC physician is needed at Fallsington, Bucks County, Penna. Inquire for particulars of Elias Wildman, M. D., Yardley P. O., Bucks Co., Penna.

WARD'S ISLAND HOMŒOPATHIC HOSPITAL.—There will be three vacancies on the resident staff of the Ward's Island Homœopathic Hospital on November 1, 1887. Those desiring to be candidates for the positions can obtain all necessary information from Dr. T. M. Stong, chief of the hospital staff.

MELBOURNE HOMŒOPATHIC HOSPITAL.—During the year 1886, 570 cases were treated at this hospital. Of this number forty-five died. Of these, eight died within thirty hours and five within sixty hours after admission, being received as hopeless cases too urgent to be refused, thus raising the death-rate to 7.89 per cent, while from advanced incurable diseases, such as phthisis, cancer, etc., there were fifteen deaths. The death-rate was furthermore increased by thirteen deaths from typhoid fever, of which disease there was a severe epidemic raging in the city. The total number of cases of this disease treated in the hospital was 145; the mortality percentage was therefore 8.96. This result may be viewed with satisfaction, for the total number of typhoid cases reported to the Central Board of Health was 1640, with 384 deaths (a mortality percentage of 23.41). The hospital is in a flourishing condition. The average daily number of patients in the hospital was 44.

NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.—At the session of the National Conference of State Boards of Health, held in Washington, September 8th, 1887, the Committee on Inter-State Notification, offered the following report which was adopted:

*Resolved*, 1st. That the Conference reaffirms the principles contained in the resolutions adopted by it at its meeting in Toronto, 1886.

2d. That those communicable diseases hereinafter mentioned, prevalent in certain areas, or which tend to spread along certain lines of travel, be reported to all State and Provincial Boards with-

in said area or along said lines of communication.

3d. That in the instance of small-pox, cholera, yellow fever and typhus, reports be at once forwarded either by mail or telegraph, as the urgency of the case may demand; and, further, that in the instance of diphtheria, scarlatina, typhoid fever, anthrax or glanders, weekly reports where possible, be supplied, in which shall be indicated, as far as known, the places implicated and the degree of prevalence.

## Obituary.

ZERNS.—After a long illness, Dr. Wm. M. Zerns of Philadelphia, died September 21st, 1887, at the home of his wife's parents in Watertown, New York, at the age of thirty-five.

Dr. Zerns was born Salem county, N. J., studied medicine under the preceptorship of Dr. Aquilla Lippincott, of Salem, and received the Degree of Hahnemann College, Philadelphia, in March, 1873. He was a consistent member of the Society of Friends, a conscientious Christian gentleman, and a skilful and cultured physician. He was one of those who organized the Bönninghausen Medical Club of Philadelphia, and also held membership in the County and State societies. The club, at a recent meeting, adopted the following preamble and resolutions:

William M. Zerns, M. D., of Philadelphia, having been removed from our social and medical circle by death, we hereby *Resolve*,

1st. That we recognize in his decease the loss to ourselves of a valued friend and counsellor, and to the medical profession of an honest, conscientious and skilful physician.

2. That we extend to his family and friends in their sad bereavement our heartfelt sympathy in the loss of a loving husband, a kind father, and a beneficent friend.

3d. That a copy of these resolutions be sent to his wife, that they be published in the *HAHNEMANNIAN MONTHLY* and *Homœopathic Physician* of Philadelphia, and that they be entered in the Journal of this Society.

H. NOAH MARTIN, M. D.

GEO. W. SMITH, M. D.,

Committee.



# THE HAHNEMANNIAN MONTHLY.

DEVOTED TO THE INTERESTS OF  
HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.


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 The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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## Original Department.

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### SOME SUGGESTIONS RELATING TO THE DIAGNOSIS OF TYPHOID FEVER.

BY WILLIAM C GOODNO M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society].

*Members of the Society.*—I am announced to read a paper this evening, entitled "Some Suggestions Relating to the Diagnosis and Treatment of Typhoid Fever." The length to which the suggestions upon the "diagnosis" of the disease have grown, will probably necessitate the postponement of the consideration of treatment until a future time. My reason for presenting this paper to you is a belief that there is a very general lack of a clear understanding of the elements of diagnosis in typhoid fever. The following ten cases seen by me during the past year, in consultation with my professional brethren, will furnish you with the character of evidence which has led me to make this statement. The reports are as brief as they can be, and bring out the feature I wish to make prominent.

*Case 1.*—A painter, man, æt 33, previously healthy, had suffered for two weeks with malaise, poor appetite, etc., followed by nausea, vomiting, and frequent stools, the latter soon becoming dysenteric in character, attended with slight tenesmus and severe colicky pains. Several irregular observations had shown the temperature normal. After about a week's continuance of the symptoms noted I was consulted. The stools at this time were about "sixteen daily;" the tem-

perature (noon) was 101° F.; the abdomen was somewhat distended, tender, and gurgling. There was enlargement of the spleen, and three or four fairly-developed rose-colored spots were observed on the abdomen. The rose-colored spots and the enlargement of the spleen made the doubtful diagnosis perfectly clear. The subsequent course of the disease was that of ordinary typhoid. Recovery.

*Case 2.*—Mr. B——, about 35 years of age, had been ailing for three weeks “with an ill-defined fever,” but was only confined to bed a portion of the time. At the expiration of the three weeks he was deemed well enough to leave the city for recuperation. After a few days absence, he was brought home, suffering with severe pain in the lower portion of the abdomen, the pain gradually extending over the entire abdominal region. The region was exquisitely sensitive to touch. There was nausea and vomiting. His features were sunken; his pulse weak and frequent; his temperature 102° F. There existed slightly pigmented spots on the abdomen, and very marked enlargement of the spleen. Diagnosis—typhoid fever with peritonitis, possibly due to perforation. Recovery.

*Case 3.*—Miss Blank, probably 45, had been ill at the seashore for several weeks with an attack called “malarial fever.” She was permitted to come to this city soon after sitting up. Within a few days after her arrival, she was seized with agonizing pain in the right iliac region, the pain rapidly involving the whole abdomen, and attended by the usual symptoms of general peritonitis. I visited her at this time. No visible eruption, but enlargement of the spleen existed. Diagnosis—typhoid fever with peritonitis, probably due to perforation. Result, death.

*Case 4.*—Mr. Blank, æt 40, railroad conductor, had been ill with “diarrhœa” for a week. I was called in on the eighth day. When I arrived I had to wait the patient’s return from the water-closet in the yard, whither he had made eleven pilgrimages since midnight. I found him pallid, trembling with weakness; pulse feeble, and 130; tongue irritable, slightly furred. There was a well-developed eruption, even over the chest. I could not distinguish splenic enlargement. Diagnosis—typhoid fever. Corroborated by a post-mortem examination on the thirteenth day.

*Case 5.*—A few weeks since a gentleman from Wilmington, Del., came into my office, and stated that he had been miserable for six weeks, and away from business most of that time. He was anæmic, very weak, and had a short, hacking cough. Physical exploration disclosed the presence of bronchial rales and broncho-vesicular respi-



ration at the right apex, posteriorly, and also a small spot of b. v. repiration in the left lung, near the third rib anteriorly. His temperature at 6 P. M. was  $101\frac{6}{10}^{\circ}\text{F}$ . He stated that he had sweated considerably at night, and that his bowels were loose (slightly) at times. I was disposed to look upon this case as one of incipient phthisis pulmonalis, inasmuch as the patient had suffered from a slight cough for some time previous to the occurrence of the present acute symptoms. As a typical eruption was present, however, I was compelled to make a diagnosis of typhoid fever. For fear that it may be believed that homeopaths only make diagnostic errors of this kind, I have to say that this patient was for three weeks under the care of the most eminent allopath in Wilmington, for "billiousness and indigestion." He was sent home to Wilmington, to a good homœopathist. With proper care he made a rapid convalescence.

*Case 6.*—Lady æt 20, had been ill four weeks with a fever, considered by her medical attendants (who are two of our best observers) anomalous. Pelvic conditions were considered as a possible cause. The temperature presented evening exacerbations, which, at the time of my visit was  $105^{\circ}\text{F}$ . Several days previously, without seeing the patient, I had suggested typhoid as the disease from which the lady suffered, making the diagnosis by exclusion. On the evening of my visit a very scanty but sufficiently characteristic eruption, was noted. This is an interesting case of delayed eruption.

*Case 7.*—Man æt 30, had been ill about two weeks when I first saw him. He had walked about after the development of the disease. When seen his temperature was  $105^{\circ}\text{F}$ ., rose to  $107\frac{1}{2}^{\circ}\text{F}$ ., the same night, followed by death. The diagnosis had been clearly made.

*Case 8.*—Lady æt 23, in fifth week of a clearly diagnosticated case of typhoid fever. The case had been running a smooth course, without urgent symptoms of any kind. A general aggravation of the patient's condition was discovered to be due to a temperature of  $107^{\circ}\text{F}$ . (axilla). Vigorous antipyretic treatment was necessary for ten days, in order to preserve a safe temperature. Recovery complete.

*Case 9.*—Lady æt 25, sick three weeks with "malarial fever." I was called on account of the sudden accession of abdominal pain, increased diarrhœa, increased temperature, etc. I found an ill-defined eruption, enlarged spleen, tremor, and tyho-mania, etc. The patient had walked about during the early stage. Diagnosis—peritonitis, probably due to the perforation of a typhoid ulcer. Some improvement occurred for a few days, but death took place in two weeks.

Post-mortem examination showed a perforation, closed by exudate and evidences of general peritonitis.

*Case 10.*—Man æt 25, was without marked prodrome, attacked with violent pains in the head, worse in the anterior portion. This excruciating pain had existed for nearly a week previous to my visit. There was also nausea, loss of appetite, constipation, a temperature of  $102\frac{5}{10}^{\circ}\text{F}$ . In addition to the foregoing I found a tympanitic abdomen, a slightly-developed but characteristic eruption, and slight splenic enlargement. The patient was delirious and soporous, and the delirium was more marked during violent exacerbations of the pain in the head. A diagnosis of simple meningitis had been made. Death 48 hours later. A post-mortem was not secured. If meningeal inflammation was present; it was, of course, a mere complication of typhoid fever.

*Case 11.*—Young gent. æt 20 years. Prodromic symptoms such as headache, vertigo, nausea, constipation, abdominal pain, hardly noticeable hacking cough. Fever came on after four or five days of these symptoms presenting morning remissions of more than a degree, gastric irritability, slight diarrhœa and delirium. There was absence of eruption, and enlargement of the spleen. Physical examination of the chest revealed consolidation of the upper lobe of left lung with commencing resolution. This was a pneumonia mistaken for typhoid fever.

Please note, that in the whole number of cases here presented, only two had been correctly and definitely diagnosticated. Why are mistakes in the diagnosis of typhoid fever so common? The following are a few of the reasons as I conceive them:

1. The prodromic and early symptoms of typhoid fever are much like those ushering in or attending many other diseases.
2. Mistaken notions regarding the manner of onset of the disease, these notions being largely due to a study of Wunderlich's description of typhoid.
3. A lack of practical familiarity with physical diagnosis, and its application to suspected cases.
4. Lack of attention to the two most important diagnostic points—the eruption and the enlarged spleen.

The diagnosis of typhoid fever, in order to be of value to the patient, should be made early in the first week, and in most cases it is possible to discover symptoms and physical conditions sufficient to enable one to make at least a provisional diagnosis. A positive opinion can seldom be given before the appearance of the eruption and the enlargement of the spleen.



Perhaps the commonest source of error is to look for a typical onset, the temperature range being considered most important. The typical onset of the books is often atypical in practice. Wunderlich's picture of typhoid has been widely copied and studied, especially his statements in regard to temperature. Consequently physicians overlook or forget the differing physiognomy of the disease as it is met with in various parts of the world. I believe we see little of Wunderlich's typical typhoid. His observations were based upon the disease as it presented itself in portions of Germany.

In Germany there is generally an absence of the symptomological characters which are by many in America ascribed to malarial associations. Whether the character of our cases be due to such a combination of malaria with typhoid or not, we will not discuss. Certain it is, however, that many of our typhoids manifest such peculiarities as lead to frequent errors in diagnosis. Many typhoids being called "malaria," etc. This is generally a serious error, on account of the greater laxness in the dietetic and general care of the patient allowed by such a diagnosis.

Of the atypical beginnings an *abrupt onset* is one of the most misleading. I have seen cases ushered in by a violent enteralgia, by a neuralgia of the fifth pair of nerves, by violent vomiting rigors, rapid rise of temperature (to 104° or 105° F. within the first four to twenty-four hours), such cases subsequently running a clear course. Such irregular onsets have led to diagnoses of meningitis, peritonitis, gastritis, pneumonia, malaria, etc.

The differential diagnosis between typhoid fever and other fevers is seldom in doubt for any length of time. There are exceptions, however. Such a case occurred in the person of my friend, Col. Bosbyshell, following prodromic symptoms of several days duration, and of the usual character; there was a gradual accession of fever with marked evening exacerbations, headache, general pain, anorexia, and upon the fourth day of fever, slight diarrhœa. There was a slight hacking cough, the tongue became dry and slightly brownish, the abdomen was distended, there was a good deal of commotion from gas, and by the early portion of the second week, delirium. On the tenth day there was a sudden fall of temperature, almost creating a crisis. What was it? The respiration was clearly vesicular all over the chest, and examinations were frequently made.

The differential diagnosis between typhoid fever and pneumonia, (I include all pneumonias—broncho-croupous and chronic catarrhal pneumonia or phthisis pulmonalis). At times presents considerable diffi-

culty—due first, to the similarity in the temperature curves, and, secondly, to the similarity in early symptoms, especially the cough-*rales*—signs of consolidation, and anæmia, debility, etc., which may develop in connection with the typhoid, or be pre-existing.

It is especially in irregular cases of croupous pneumonia and phthisis that the similarity is greatest, excepting perhaps the rarer acute tuberculosis. In the early stage of a rapid catarrhal-pneumonia, or in the occasional attacks of elevated temperature with cough and debility, which occur so frequently during early phthisis, that is, in that stage in which it is so seldom recognized, it is very easy to mistake the disease for typhoid fever, and *vice versa*. The following clinical cases illustrate the difficulty in arriving at an early diagnosis:

Mr. C., æt 39, has been feeling poorly for several weeks. He looks pale and seems weak, tongue trembles on protruding and says legs give out in walking, some general pain, has had a hacking cough for this period of time with a scanty expectoration; says he has had troublesome coughs several times previously. There is anorexia, constipation, short breath, some palpitation; physical examination reveals a few bronchial *rales* and a slight degree of broncho-vesicular respiration in left apex posteriorly.

Temperature (evening) 100·3°F, next morning 99·5. From this time the patient was under observation. The temperature rose daily, reaching (evening) in three more days 103·1°F. At this time the eruption appeared. The case ran a mild course ending in complete and early convalescence.

Mr. G. æt 50, ailing for two weeks, complains most of prostration; is a very energetic man but has been unable to remain at his factory more than a few hours daily, and some days has been unable to leave his house. Is pale, tremulous, tongue furred with dry, brownish centre. There is marked thirst, loss of appetite, bowels slightly relaxed, urine concentrated, no albumen. A few months previously to this attack, he suffered from a severe cough, with expectoration. The cough has never disappeared entirely, but has increased since the present debility. Physical examination of chest demonstrated a well marked degree of consolidation of the right lung, and slight of the left. My feeling was that there was active phthisis in progress. Within a few days, however, distended abdomen and diarrhœa led to an examination of the abdomen, and the discovery of the characteristic eruption of typhoid fever. Recovery occurred with a subsidence of symptoms indicating chest disease, but a continuation of the signs of consolidation.



In conclusion I would say, that I consider it safe to assert that the vast majority of cases which are met in this region, presenting a continued fever, which has lasted for nearly a week, are typhoids; at any rate they should so be considered and treated until another diagnosis can be clearly made. If enlargement of the spleen is present the diagnosis is almost certain. Waiting for the development of the typhoid state, as so many do, is dangerous. Often there is a lack even of suspicion as to the true nature of the case, until the presence of the typhoid condition. A lack of a true appreciation of the nature of a typhoid in its first week is a prominent cause; yes, *the* prominent cause of a large mortality. It is during this early period when the leaven is beginning to work, that its ravages are inhibited by proper care, diet and medication.

If you will allow me to be aphoristic, I will say in conclusion:

Don't forget the eruption at the close of the first week.

Don't forget the enlarged spleen, discoverable at the same time.

Don't forget the great variety in the character of onset. It simulates other diseases.

Don't lay too much stress upon the Wunderlich temperature range, and gurgling and tenderness in the right iliac fossa.

Don't forget the frequency of bronchitis and its early development in some cases.

Don't forget that out of twenty continued fevers in this region nineteen are typhoid (excepting phthisis).

Don't forget that other conditions do not "turn into typhoid;" that a typhoid fever is typhoid from its very beginning.

Don't make too much of the bugbear malaria. Continued fevers of malarial origin are rare in this region.

Don't depend on diarrhoea or be misled by cough.

I should feel like committing an unpardonable breach of professional etiquette in presenting such commonplace remarks to this Society were it not for the indisputable evidence of their necessity, which is afforded by the cases I have called your attention to.

#### DISCUSSION.

DR. PEMBERTON DUDLEY remarked that one day on coming home to dinner, he found an Irish woman lying on the sofa in his reception room, in a deep, heavy sleep. He learned that on coming up the street she was seized with violent enteralgia and went into the drug store opposite to get something to relieve the pain and allay the nausea, and then she came over to Dr. Dudley's office, where she relapsed

into this heavy sleep. Her face was turgid, her pulse was quickened, and her temperature was elevated. Prior to this illness, she thought herself perfectly well and she attributed the entire trouble to some error in diet. The next day she was very sick, and the day after that she improved somewhat, when she went to St. Joseph's hospital, in which institution she died of typhoid fever one week later. The idea of typhoid fever being the patient's illness had suggested itself to the speaker, but inasmuch, as the patient improved on the third day, he dismissed that thought from his mind.

Another case to which he was called was that of a lady, who had been suffering from malaise and loss of appetite for some weeks. At first he thought he had a case of incipient typhoid fever. There was no tenderness, no splenic enlargement, no nose-bleed, no delirium, no coating on the tongue, and no diarrhoea. The bowels were constipated. Yet that patient continued ill day after day. At every visit he searched for evidences of typhoid fever. On the ninth day she was taken with hemorrhage from the bowels and died. He believed this case to be one of typhoid fever.

DR. E. M. HOWARD said that if when he left college he had been possessed of the information given in Dr. Goodno's paper, he would have been saved several mistakes, for he left college thoroughly impressed with the idea that he must find in typhoid fever that wonderful temperature record of which so much is said. Seldom can this typical temperature curve be found. The nearest approach to it Dr. Howard had seen was in a case that he had just been treating. When he first saw him, the temperature was  $100.6^{\circ}$ . That was in the morning. In the evening it rose to  $102.4^{\circ}$ . The next morning it was  $101^{\circ}$  and in the evening  $103.4^{\circ}$ . On the third day it was  $102.4^{\circ}$  in the morning, and  $103.8^{\circ}$  in the evening; on the fourth day  $102^{\circ}$  in the morning and  $104^{\circ}$  in the evening. So far the temperature was typical of typhoid fever. Baptisia was given and the next day the temperature fell to  $101^{\circ}$  in the morning, and  $102^{\circ}$  in the evening. On the following two days there was rapid convalescence. If that was a case of typhoid fever, then it gave strong evidence of the power of baptisia to abort that disease. He did not believe, however, that this was a case of typhoid fever.

DR. J. N. MITCHELL said that the early diagnosis of typhoid fever was a matter of importance. If the patient is very sick from the start we are sufficiently careful with the patient. The apparently milder cases that begin so insiduously often have such horrible endings that Dr. Goodno's remarks should be kept in mind. Sometime ago,



Dr. Mitchell was called to attend a young lady who had had a fever for a week or so but had gone down stairs each day. When he first saw her, however, she had high fever, peritonitis and collapse. Evidently perforation of the bowels had occurred. The symptoms were so slight at first that the family had considered the case one of malaria.

Dr. W. C. GOODNO said that he had seen the temperature change in twenty-four hours from  $100^{\circ}$  to  $105^{\circ}$ . A man was taken suddenly ill with most violent pain in the bowels, and when he saw him within twelve hours his temperature had reached  $105^{\circ}$ . The speaker said that he had seen the temperature follow the typical course for a day or two and then rise suddenly. The temperature curve is so unreliable that but little reliance can be placed on it. In his opinion, the characteristic eruption and the splenic enlargement were the main diagnostic points.

Dr. W. H. BIGLER asked if the presence of this eruption was so universal. He had seen many cases in which the spots were not to be found.

Dr. A. R. THOMAS related the case of a young lady who was ill for ten weeks and finally recovered. He had never made a diagnosis of the case satisfactory to himself. The patient was taken suddenly ill with vomiting, extreme pain in the head and high fever. The temperature would rise to  $102^{\circ}$  or  $104^{\circ}$  in the afternoon. It would fall in the morning. Finally, she began to complain of rheumatic symptoms. First she had pains in her knees; she could not move them at all. Then her arms and shoulders were involved. There was little or no swelling of the parts. The pains were not confined to the joints however. At this time the head symptoms remitted but the fever continued the same. Later she had severe pains in the abdomen with return of the vomiting. This pain was very severe, more particularly in the lower portion of the abdomen, and was associated with a great deal of tenderness. Diarrhœa set in, and rose-spots appeared on the abdomen, and the case assumed a typhoid character. A little later, the local symptoms grew more severe. He then became satisfied that she had pelvic cellulitis; she had severe chills followed by high temperature. No hardness could be detected externally. A vaginal examination was finally made but revealed absolutely nothing. At one time she referred the pain to the sacral region. Ultimately these symptoms all passed away without any soreness, and the fever ran on to  $101^{\circ}$  or  $103^{\circ}$ . During all this time her tongue was moist and not much coated, and her expression was not that of typhoid fever. Finally the fever disappeared and then the hair began to fall out. The patient is now well.

DR. W. K. INGERSOLL said that typhoid fever is an eruptive disease like scarlatina, measles, etc., and in these diseases there is a certain predisposition to sequelæ. It had been his fortune to see six or seven cases, where, following typhoid fever in constitutions that were rheumatic or predisposed to rheumatism, the patients suffered from neuralgia followed by formation of abscesses. Oftentimes abscesses formed on the connective tissue membranes, either in the deep fascia or in the periosteum. In the latter case caries sometimes followed. In regard to the point made by Dr. Bigler, Dr. Ingersoll said that he had found the characteristic eruption rarely absent.

DR. MARIA N. JOHNSON asked Dr. Goodno for a description of the eruption.

DR. GOODNO replied that it looks like flea bites. It consists of small, rose-colored spots, two or three millimetres in diameter, coming in groups of two, three or four.

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#### AMYL NITRITE.

BY A. M. CUSHING, M.D., SPRINGFIELD, MASS.

I wish to give your readers a little of my experience with this useful remedy.

CASE 1.—Miss —, aged 25, took gas or ether, and twenty-four hours later I found her with difficult breathing. Pulse weak, without strength to move, sitting in an easy chair. I let her inhale amyl nitrite, 1<sup>x</sup> and in five minutes she had a good pulse, and in ten minutes felt quite well.

CASE 2.—Mr. —, aged 63, has had serious trouble with his heart for twenty years or more, although many times during that time it has been thought he could live but a few weeks or months at most, no physician has satisfactorily diagnosed his trouble, and he has been examined by the leading old-school doctors in Boston and New York. For seven months he had been confined to his room, much of the time to his bed. Has taken lots of medicines, nearly all the "cracked-up" remedies from A(donis) to &c., and in no small doses. Has had paracentesis abdominis performed several times, securing from six to eleven quarts of fluid each time. He was not my patient, but I made a friendly call one day, and as I entered the room his face was purple; the right corner of his mouth was drawn down, and before I could reach the bed was in a convulsion very like puerperal eclampsia. Placing a bottle of amyl nitrite 1<sup>x</sup> (which I always carry in my pocket) to his nose, I held it there for several minutes and watched its



effect. He could not swallow, his eyes rolled up so that the pupils were behind the lids, tongue dropped down in throat like ether or chloroform collapse, lower jaw dropped, pulse almost ceased to beat. I thought he would not live ten minutes, yet I kept the amyl to his nose and he soon rallied, and in a few days was better than he had been for several months. What the final result will be I shall not guess.

CASE 3.—At 3.45 A. M. was called in consultation to see Mrs. — aged 32, who had been confined three days before, child born before the doctor arrived, and was seemingly doing well till the evening before I was called when she was taken with heart-trouble. Had previously had rheumatic fever with heart complications. When I arrived the doctor had been giving digitalis and brandy all night. The case was too serious to look for pathological symptoms, but we had the following objective symptoms. Pulse too weak to count; heart beating one hundred and sixty times a minute; respirations sixty-five a minute; flesh cold and moist; blood settled under finger nails, almost black; lips dark, livid; *loose, rattling* cough; at times profuse, frothy, bloody expectoration. I let her inhale amyl nitrite, 1st x, and gave tartar emet., 2x trit. in water, doses often repeated. The amyl seemed to give temporary relief, and the tartar emet. stopped the expectoration and relieved the cough very soon. The family physician, fifty miles away, was summoned by telegraph, though the attending physician said she would not live till he arrived, and I feared she would not. Later the amyl was given full strength, and soon after she would begin to inhale it the top of her head would be warm, and the warmth would extend down over the face; even her ears and nose, which were very cold, would become warm. Then the hands would be warmer, and the pulse could be counted. At 1 P. M. the other doctor arrived, and he recommended and gave *sticta* two hours without relief,—(I have given the remedy but little, and did not know as it was indicated)—and he said he thought she would die. I told the doctors that thirty-two years ago Dr. Hering said, “Count a man’s pulse and breathing, then let him run around a block, then count them, and they will be greatly accelerated, and it will take a certain time to return to their normal condition; but if you give him a dose of glonoine it will return to its normal condition in one half of the former time.” Here is a person with pulse and respiration like one after running, and I would like to try glonoine. They assented, and I gave a dose of the 200th potency, and repeated it in fifteen minutes, and not more than twenty minutes later she sent her husband out to tell

us she "felt a good deal better." At 9 P. M., six hours later, as phosphorous had been indicated all day, she received phos. 200. The next morning she was much better, but she had a sore, lame pain in her right side; was worse by motion, and thirsty for cold water, and bryonia, 200th potency, was given, and for two days she improved nicely. I saw her three or four days later and she had no unfavorable symptoms. Two weeks later I was called again and found her dying. Two or three days previous she had an attack of vomiting which the doctor said might have been produced by the digitalis she had taken, but he thought not. He said her death was caused by disease of the kidneys.

SPRINGFIELD, Mass.

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### AMMONIUM BROMIDUM—ANTIPYRIN.

BY JAS. KITCHEN, M. D., PHILADELPHIA.

Two cases have happened lately in my practice, which I think are worth mentioning :

1—A lady in her 83d year; pleuro-pneumonia of left lung, mild case; convalesced on fourth day, leaving a spasmodic cough, resembling a severe whooping-cough; worse at night, paroxysms sometimes lasting a considerable period, with loss of breath and paroxysmal noisy inspiration. After trying several remedies without any relief, gave ammonium bromidum, with instant benefit; spasms ceased and cough subsided entirely in a few days.

2—Male; tormented from time to time during the last twenty years with neuralgia of both lower limbs, in different localities; the pains were of a lightning character and very painful and persistent for days and nights; no perfect relief from any medicine or local application. Gave one grain of antipyrine in half a tumbler of water during a severe attack in calf of right leg, with instant relief and no return within 24 hours of the present time of writing.

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### DACRYOCYSTITIS.

JOHN L. MOFFETT, M. D.,

[Read before the Kings County Homeopathic Medical Society, Brooklyn, N. Y.,  
June 14, 1887.]

Inflammation of the lachrymal sac is quite common, although, fortunately, its sequel, *fistula lachrymalis*, is less frequent than in former years. The causes are—stricture of the nasal duct, extension of granular conjunctivitis, or nasal catarrh, and exposure to cold, bleak winds, or to damp weather.

A very thin and prominent nose, with the eyes close together, indi-



causes lateral compression of the duct, while antero-posterior compression predisposes to this trouble people in whom the root of the nose is very flat and broad while the eyes are far apart.

Syphilis, periostitis and caries are very common complications.

The essential symptoms of dacryocystitis are *epiphora* (overflow of tears due to impeded exit), and *discharge from the puncta lachrymalia* by upward pressure upon the lachrymal sac. Usually the sac is inflamed and tender, as well as swollen.

Catarrhal dacryocystitis may be very insidious in its onset, but if neglected it will cause stricture by thickening of the mucous membrane lining the duct; such strictures predispose strongly to attacks of acute inflammation.

Acute phlegmonous dacryocystitis is apt to be exceedingly painful and accompanied by fever, closely simulating erysipelas. The pain may involve the whole side of the head, and the redness and swelling include both eyelids, conjunctiva and face.

If the swelling of the sac is not apparent on inspection it will be the most exquisitely tender spot to touch, and, if the patient can endure the pressure upon it, there will be more or less discharge through the punctum. A history of epiphora, or of swelling of the sac, can be elicited from patients of any intelligence. Sometimes, in the height of the inflammation, thickening of the lining membrane of the passages, or distortion from the swelling, may prevent any discharge through the punctum or nose.

The distended sac may ulcerate and discharge into the cellular tissue under the eye forming a swelling, usually red, running downward and outward from the inner canthus; or, the rupture may be outward through the skin forming the much dreaded *fistula* which is kept open by the escape of the tears.

Chronic catarrhal dacryocystitis—mucocoele—is characterized by epiphora and an elastic tumor over the lachrymal bone; pressure upon which may cause a viscid or muco-purulent discharge from the punctum or into the nose.

The disease comes on slowly, the patient being very susceptible to exposure, and only at times notices the epiphora and swelling. By emptying the sac two or three times a day he gets along without a doctor until his attention is called to the danger of more serious trouble, or an acute inflammatory attack supervenes and requires immediate attention.

The old-school rely in their treatment upon slitting the canaliculus, probing the duct, cutting the stricture, and astringent injections. While

any or all of these may be necessary in some obstinate cases, our wealth of remedies enables us to cure many patients without resorting to any of them. The indicated drug locally applied in conjunction with its internal administration has repeatedly given most satisfactory results.

As to surgical treatment proper, we are taught to secure a free outlet for the discharge, especially if pus has formed or is about to form, by slitting up the inferior canaliculus, or occasionally by incising the tumor just below the caruncle, thus avoiding any scar in the skin. If a stricture persist after the disappearance of the acute inflammation it must be gotten rid of, and, in the opinion of the writer, electrolysis is far superior to cutting or dilating. Probing must be persisted in for a long time, and cutting is not always successful, although more so than probing.

If there be danger of spontaneous rupture, the knife may be plunged into the distended sac till you strike the bone, then cut freely downward in the direction of the incisor tooth. Insert a piece of lint and apply warm fomentations for 24 or 48 hours.

Cold compresses, of even ice, will sometimes abort the inflammation and prevent suppuration if applied in time. A lachrymal fistula will not heal unless the tears have free passage to the nose, it will then usually close without difficulty unless its edges be skinned over, or there be caries of the nasal or lachrymal bone.

The books lay stress on a sense of dryness of the corresponding side of the nose as one of the symptoms of obstruction of the duct. The writer, in the course of ten years practice, has elicited this symptom but twice or thrice, and consequently places no reliance upon it.

Dacryocystitis is apt to be mistaken for a sty, furuncle or erysipelas, but if the anatomy of the canaliculi, sac and duct be borne in mind, there should be no difficulty in making a correct diagnosis.

Do not be satisfied with simply relieving the acute symptoms, for the resulting strictures, unless cured, will, sooner or later, induce a repetition of the trouble.

The following remedies have proven of service:

*Acon.*—First stage of acute inflammation with erethistic fever, heat, thirst, restlessness and anxiety, caused by irritation of a foreign body, or exposure to cold, dry wind; violent pains; lids feel tense, hot, dry and sensitive to the air; distressing pressive pain at the root of the nose.

*Alum.*—Eyes inflamed, itching and pain at the inner canthus; morning agglutination; burning and dryness of the lid; evening less.

*Apis.*—Burning, *stinging*, shooting pains, dark redness and *œdema* of the lids and *under the eyes*. Also chemosis and pale *œdema*; gra-



nular conjunctivitis; nose swollen, red; apt to be worse on the right side and in the afternoon. Syphilis.

*Arg. nitr.*—Profuse purulent discharge; caruncle red, swollen; pains worse in warm room; in cool air; (Puls.); granular conjunctivitis; lids red, swollen, crusted.

*Arum tri.*—Catarrh of the lachrymal sac; *desire to bore into the side of the nose*; nose obstructed; acrid discharge (ars. iod.), left. Edge of eyelids thickened; water in the eyes all day, mostly at the outer canthus.

*Cinnabar.*—Pain from right lachrymal duct around eye and temple; drawing sensation from right inner canthus across the malar bone to the ear. Shooting pains in inner canthus of right eye, with burning and itching. Pain from inner canthus of left eye across eyebrows.

*Euphrasia.*—Profuse thick, yellow acrid discharge; acrid lachrymation; lids swollen and sore.; blurring of the vision, relieved by winking; bland, fluent, thin discharge from the nose.

*Hepar s. c.*—Purulent inflammation of the sac; very sensitive to touch and to cold; profuse discharge; canthi crack and bleed on attempting to open the swollen lids; child very irritable; inflammatory swelling of the nose; pains like a boil.

*Iod.*—Has given the writer more brilliant results in acute dacryocystitis than all of the other remedies combined. The tincture, or third, internally, have sufficed without any outward application.

*Kali iod.*—Eyes burn; muco-purulent discharge; chemosis of conjunctiva and œdema of lids; acute acrid coryza; sensation of fulness and tightness at the root of the nose; throbbing and burning pains in the nasal and frontal bones, with swelling; gnawing sensation in nasal bones, with lancinating, boring pains extending to forehead. Syphilis.

*Mercurius.*—Inflamed swelling in the region of the lachrymal bone; lids agglutinated in the morning; pain worse at night, and from warmth; discharge thin, acrid, muco-purulent. Syphilis.

*Puls.*—One of our most important remedies at any stage, but especially in the beginning. The discharge is bland, profuse, thick, yellow; itching, biting and burning in the lids and canthi; inflammation of the margins of the lids with lachrymation; styes; cool air, and the characteristic pulsatilla constitution.

*Rhus.*—One of our most valuable drugs in phlegmonous erysipelatous cases, with great tendency to suppuration, and even after the formation of pus. The lids are much swollen and spasmodically closed, with a gush of profuse tears (may be hot) on opening them.

Usually at night and in damp weather. Rhus cases are similar to those calling for apis, but the latter patient is drowsy and thirstless, while the former is restless and thirsty.

*Sil.*—Inflammation and swelling of the right lachrymal sac. (Evening). The patient is sensitive to cold air, by heat.

*Stann.*—Itching, pressive, or sharp pain in the inner canthus, especially at night; painless yellow-white discharge from the sac in sub-acute or chronic catarrhal dacryocystitis. A grand remedy.

*Zinc.*—(Morning). *Agglutination or suppuration in the inner canthus, with a pressing soreness; itching and stitching pain in inner angles of eyes, with cloudiness of sight; burning in the eyes and lids, with dryness and pressure; (alum, ars., sulph.)* Lachrymation; swelling of one side of the nose, with loss of smell; pressure across the root of the nose; profuse muco-purulent discharge. (Sulphate of zinc).

Study also:—*Amm. c., amm. mur., ars. iod., bell., calc. iod., cham., ferr. phos., hydrastis, kali carb., kali mur., kali sulph., lyc., merc. prot., natr. mur., natr. sulph., nitric ac., petr., phytol., stillingia, staph., sulphur.*

Lachrymal fistula, if amenable to medication alone, may be relieved by one of the following: *brom., calc. c., iod., fluoric ac., lach., merc., natr. mur., nitr. ac., petrol., sil., sulph.*

### A CASE OF VARICELLA PUSTULOSA.

BY GEO. W. SMITH, M. D.

[Read before the Boenninghausen Medical Club of Philadelphia.]

Some time ago I had a patient call at my office for treatment for what she thought was gastralgia, her condition being similar to what it had been several times previously when her attending physicians had always so called her disease. Patient was a school-teacher, evidently past twenty years of age, light complexion, well nourished, etc. Her symptoms appeared to me to be of a dyspeptic nature, and taking into consideration her occupation, style of living, and her symptoms generally, I prescribed *nux vomica*. The next day she called again, stating that she felt no better; slight nausea, no appetite, and general tired feeling, but no aching of back or limbs. She had slight fever, dark flushed face, and wanted to remain as quiet as possible. She called my attention to a few pimples that had made their appearance around the mouth. I told her that I feared she was contracting some exanthem, and on account of symptoms, prescribed *bryonia*, hoping thus to hasten the eruption. The following day, I



was summoned to her boarding-house, and found her face and trunk almost covered with small pimples, which had a peculiar feel of hardness, under the finger. Face was purplish, eyes injected and somewhat watery, throat sore, inflamed and covered with the exanthem, but otherwise she was cheerful and said she never felt better in her life. Now what was the matter with my patient? From the general prevalence of measles and the injection of her eyes I first thought of this disease, but she had no catarrhal symptoms, and the rash was decidedly not a measly eruption. Next, from her throat condition, etc., I thought of scarlet fever, but this also was discarded, as there was insufficient fever, a total want of other symptoms, and the rash was altogether unlike that of scarlatina. From closer inspection I decided that it must be either varicella or variola. The feel of the papules was decidedly that of variola, but the prodroma was in my estimation insufficient, there having been but little malaise, no aching of the back or limbs. The eruption had appeared at first with only a very few papules, and had gradually increased in number, hence I concluded that it must be a case of varicella, notwithstanding the fact that numerous writers, among whom is Dr. Thomas, of Leipzig, assert that varicella is essentially a disease of childhood, and never attacks adults or those who have passed the age of puberty. The remedies suggesting themselves were bryonia, rhus, ant. tart., etc.; but for the same reasons which I had made my selection the day before, together with the immature condition of the eruption, I continued the bryonia. The next day being my third visit, my patient laughingly saluted me with the information that she was looking horridly, and that the eruption was becoming worse and worse. Upon examination I found that each papula was situated on a raised base of purplish appearance and was filled with pus, but not umbilicated, being rather raised in the centre. Her chest, back and abdomen were literally covered, as was also her face, but were more irregular, some being isolated, and others in patches, and were mostly filled with a clear yellowish water, although some of them contained pus the same as on her face. Her lower limbs and arms were almost entirely free from the eruption, but she told me that her genitals were covered and itched very much, and the scalp was also filled and caused considerable itching; her throat symptoms had entirely disappeared, and she was remarkably free from all sick feelings. There being no symptoms to guide me further than the eruption, I prescribed ant. tart., hoping to hasten their maturation. The next, or fourth day, I found my patient considerably improved; eruption drying up to a certain extent, but a few new

ones making their appearance ; her general good feeling prevailing, I continued the ant. tart. The next, or fifth day, the eruption was rapidly disappearing, but not by forming crusts, merely drying up without scab or scar, but causing a violent itching ; and from this, together with the red erysipelatous appearance of the face, restlessness, insomnia, etc., I prescribed rhus ; there was, however, very little fever and no perceptible increase of temperature. The sixth day the body was nearly clear, and but comparatively few on the face, although there were a few scabs where she had scratched the tops off with her nails ; she was sitting up, and in a day or two after I discharged her perfectly well.

My object in presenting this case is on account of how easily it might have been mistaken for small-pox, and because in my estimation, it was a typical but rather severe case of varicella pustulosa. This disease evidently does exist, and does not always attack children, but may attack adults, notwithstanding the teachings of some of our most observant writers. And how very careful we should be in diagnosing a case of this kind, as there are several instances where some of our leading physicians have sent patients to the Municipal Hospital, and where a few days have proven the incorrectness of the diagnosis, and besides the unpleasantness of having been removed from their homes, the patients have run the risk of contracting the very disease which they were thought to be laboring under. In order to learn what was my duty, etc., in cases of this kind, I called at the Health Office and stated my case in full, and wanted to know if such cases should be reported, etc. The health officer said that a physician should always know the character of the disease which he was treating, and should give himself proper time to correctly diagnose the case before making a report ; but I asked, "Suppose a physician conscientiously believes his case to be varicella, and the health physician or others should insist that it was small-pox, then who is to decide which is right ?" "Under those circumstances the attending physician should be the judge, but he should isolate his case and see that it could be properly cared for." After further discussing the matter, we both concluded that in all such doubtful cases it would be better to report exactly what the attending physician conscientiously diagnoses as the disease, together with the information as to whether or not the case could be properly cared for at home, and under the remarks he could state briefly the peculiarities of the particular case, and thus save himself from apparently evading any of his duties.



## DIABETES MELLITUS.—SIZYGIUM.

BY A. B. KINNE, M. D., SYRACUSE, N. Y.

During the summer of 1885 Mr. G., aged 65 years, consulted me, complaining of great thirst, dry skin, gnawing pain in stomach, dry, red tongue, frequent urination, passing large quantities of urine. On examination I found urine containing one and a half per cent. of sugar. I put him on a strict diabetic diet and gave nit. uran., which gradually caused disappearance of sugar and all other symptoms. I instructed my patient to adhere to the strict diet, which he did until the spring of 1886.

In June of 1886 he again consulted me, with same symptoms as before, with two per cent. of sugar in urine. I at once put him on strict diet and gave him nit. uran., with no benefit, the amount of sugar steadily increasing. I also gave helonias and phos. acid, with no benefit, until in September the urine contained eight per cent. of sugar with a specific gravity of 1040, and amounted daily to three quarts. I then gave sizygium jambolanum, 1st cent. dilution, five drops four times daily. The amount of sugar gradually decreased, and in six weeks none could be found; quantity of urine normal and specific gravity 1020. I have examined the urine every month since, and found it in normal condition in every respect up to the present time, nearly eight months. Patient still adheres to the strict diet, and is feeling well and strong.

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## Translations.

## PRACTICAL REMARKS ON DISEASES OF THE HEART.

BY PROF. B. STILLER, OF BUDAPEST, (WIENER KLINIK, AUGUST, 1887.)

[Translated for THE HAHNEMANNIAN MONTHLY by S. Lilienthal, M. D., San Francisco, Cal.]

In relation to the diagnosis of the diseases of the heart we must examine the heart as in nearly every other disease, on account of the absence of symptoms, objective as well as subjective. The diagnosis of cardiac affections must be made on account of the anatomical quality of the alterations which have taken place in the heart, but far more to find out the physiological power of the affected heart, which is often of more importance to the patient than the diagnosis of this or that valvular affection. Let us have in every case the most refined anatomical diagnosis, but never neglect to find out with what power the functions of the heart are still carried out. Neither murmurs nor the size of the heart are here of such value as the symptoms of compen-

satory disturbance. From the standpoint of this double diagnosis there will be a marked difference between the state of health and the future of two patients where we meet the same anatomical cardiac defect; the one knows nothing of his state, feels well, attends to his business, and may reach a good old age; the other is doomed to perish. From whatever defect the heart may suffer, we generally meet a venous stagnation, easily diagnosed, when fully developed, by dyspnœa, cyanosis and swelling. It is our duty to look out for the first symptoms of the *weakened heart*, which is nearly impossible as its effects are slow in developing. Palpitations and short breathing may appear in consequence of muscular labor in well-compensated cardiac defects, but we find that the want of air stands in no proportion to the muscular labor performed, or that it appears in motions which formerly did not affect the breathing, that the resisting power of the patient to external and internal influence is steadily decreasing.

In many cardiac defects, especially of the mitralis and left ostium the lungs are the first place of stasis, where, even when fully compensated, the accentuation of the second pulmonary sound reveals that in the lesser circulation in consequence of the increased quantity of blood, an increased blood-pressure is present, but it also shows that the right heart strongly reacts against this threatening stasis. The stagnation in the lungs reveals itself, especially by the dyspnœa, which, at first, is not constant, and we find, therefore, a more reliable indicator in the *enlargement of the liver*. This is one of the first symptoms of appearing debility of the heart, and it is perfectly clear why the liver is such a sensitive indicator of general stagnation. The liver is the only organ whose import of blood does not emanate from the aortic system, but which at first flowed through the capillary net of the abdominal organs, before it—combined into a venous capital canal—reaches the liver, to flow there for the second time through a capillary system. In the hepatic blood-vessels the forcing action of the heart is used up, and the celerity of the flow is, therefore, so slow that any slight obstacle causes a stasis, which swells up the vascular tissue of that organ like a sponge. These unfavorable circulatory relations, normal in the interest of glandular activity, are only slightly compensated by the inspiratory movements of the thorax, whereby the negative intra-thoracic pressure aspirates the blood of the hepatic veins; still this circulatory factor exercises its influence, not only on the hepatic veins, but also on the total venous circulation, which flows in the cavæ to the right heart. In a coarse, mechanical way, the venous flow of the liver is acted upon by the respiratory motions of the diaphragm, which



can only be considered as a very modest corrector of the tardy hepatic circulation. It is remarkable that in hepatic stagnation, even of large dimensions, the *spleen is not also found enlarged*. We cannot sufficiently urge upon physicians, this rule that in the *diagnosis of cardiac diseases percussion is of more importance than auscultation*. The latter shows us only valvular defects, as they alone produce murmurs; but even here percussion is necessary as showing us the size of the heart corresponding to the valvular defects. Still, how many cardiac diseases are seen which are not of valvular origin, and where murmurs cannot be expected. According to my experience it may be said that in younger years, up to adolescence, valvular affections make up the largest number of cardiac diseases; but after middle age those cardiac diseases prevail where we meet neither valvular defects nor murmurs. These are those enlargements of the heart which arise partly from mechanical obstacles to the circulation in the lungs, kidneys and blood-vessels, partly idiopathically from degenerative processes. Especially the latter are often considered as fatty degenerative, which is not always the case, for they may be caused by bodily exertions, by excesses, by myocarditic processes, mostly in consequence of changes in the coronary arteries, general atheromatosis, adhesions of the pericardial walls, etc.; probably also from long-continued neurotic influences, mental irritations, abuse of tobacco, tea, coffee, or alcoholic beverages. All these causes produce degenerative processes in the muscular fibres of the heart, which lose in tone, contractility and resisting power, and the consequence is dilatation of its cavities. Fatty degeneration of the muscular fibres may, or may not, accompany such processes. *This insufficiency of the heart is what we call the weakened heart.*

Percussion of the heart is often more difficult than auscultation, and in fat women, with large mammae, often very unsatisfactory. In studying the limits of the heart, percussion must be made very lightly, and we must consider whether we deal with a flat or an arched thorax, for in the former, in consequence of the closer position of the heart, the dullness is larger, and in the latter smaller as it ought to be, corresponding to the size of the heart. In children the normal outward position of the beat of the apex often simulates an enlargement of the left heart, caused by the normal conformation of the diaphragm, whence the heart lies more in an horizontal position. We may also remark that we prefer the finger to the pleximeter.

In relation to sternal dulness it may be remarked, that the lower part of the sternum often shows a dulness in vertical positions, which disappears during horizontal positions, for when standing we observe

a higher position of the upper border of the liver and diaphragm than when lying down, and it may be, therefore, advisable to examine the heart in both positions. The second abnormal sternal dulness does not depend on change of position. We meet sometimes a short, strongly arched thorax, where the upper ribs stand straight out from the sternum, where the intercostal spaces are narrow and the epigastric angle of the arch of the ribs very wide. In such a thorax the nipple stands unusually high, and the lower part of the sternum shows always a dulness which does not arise from the right heart, but which is only the continuation of the normal dulness of the liver. Thus a false diagnosis might be prevented.

In relation to the percussion of the left heart it may be remarked, that in mitral insufficiency it will not be found as constant as in affections of the right heart. The enlargement is never so conspicuous as in insufficiency of the aortic valves; still the beat of the apex is frequently detected at or above the mamillary line, because in mitral insufficiency the left auricle is always found dilated in consequence of regurgitation of the blood, so that the left ventricle contains more blood than normal. It does not enlarge because its contraction has to overcome greater resistance, for the systolic circulation finds two courses open, but because it must take up a larger quantity of blood during the diastole, where the resisting power is less.

Enlargement of the heart, as detected by percussion, may be of directly opposite significance. Anatomically we differentiate the simple dilatation without thickening of its walls from eccentric hypertrophy. Both give the picture of percutory enlargement of the heart, but clinically we consider as dilatation only that stage where the enlarged heart shows already a weakened state in its function, whether its walls are thickened or not, whereas clinical hypertrophy shows full compensatory power of the thickened cardiac muscle. Percussion alone shows only enlargement, and dilatation or hypertrophy we must differentiate from other symptoms. Of importance here is the weakening of the sounds of the heart, the decrease of the pulse-wave and especially the disappearance of the beat of the apex, which, excluding pulmonary emphysema and pericardial fluid, may be considered a certain sign of clinical dilatation. Of equal importance are the beginning signs of general stagnation, especially the hepatic enlargement.

We must also differentiate between *dilatation* and *distension*. Whereas the former means the stabile anatomical enlargement of the heart in connection with insufficiency of its muscular power, we consider as distension the acute enlargement and relaxation, just as we



differentiate in other hollow organs—as the stomach and bladder—between a permanent anatomical dilatation and an accidental distension, rapidly caused by an accumulation of its contents. The latter may set in during any cardiac affection and may attack one or both sides. Locally we meet only the enlargement, with sudden symptoms of a weakened heart. This rapid appearance, and just as rapid disappearance, of the anatomical and functional changes is characteristic of distension, which is not only observed in the course of cardiac diseases, but also, without any preceding cardiac affection, in high-graded anæmia or states of debility. This I witnessed in a case of severe chlorosis: a rapid distension set in, whereby the patient was hardly able to move and lost breath at the slightest muscular action, or fainted away. Absolute rest in bed and analeptica removed these threatening symptoms in a few days.

In relation to cardiac murmurs it is well known that their intensity does not correspond to the severity of the valvular defect. As the rapidity of the circulating fluid is an important factor in relation to the strength of the murmur, we find when in consequence of the weakness of the heart the rapidity of the current is lessened, the intensity of the murmur also decreases, so that a lesser murmur may hint to a more dangerous state of the heart. A weak murmur, examined in a lying position, becomes stronger when we make the patient sit up or move about, and it may even happen that in some positions we fail in finding the murmur. Among all murmurs that of stenosis of the left ostium is the least constant one, and showing so many modifications that some observers enumerate several forms. Characteristic is the presystolic murmur, filling up the normal pause between diastole and systole, and ending with an increased systolic sound. This stenosis is often combined with insufficiency of the mitralis, which again gives rise to errors, and where both murmurs are present, the second one is always of diastolic origin. Of all valvular diseases this affection is too often misunderstood. In anæmic women—and this stenosis is more prevalent among women—the diagnosis is often made of nervous dyspepsia, neurasthenia or anæmia, because the general symptoms are debility, irritability, dyspepsia and some dyspnoea, and the patient, urged to take exercise, becomes weaker from day to day. Close examination reveals some slight systolic murmur, which might be mistaken for an anæmic one; but there is also a galloping rythmus of the heart's sounds, which is characteristic for stenosis, slight sternal dulness and always after any over-exercise, hepatic stasis. Such patients need rest in bed in

connection with very small doses of digitalis, and after a few weeks they get up cured.

Some remarks about the hydrops, the final result of progressive compensatory disturbance, might not be out of place. The regular course of cardiac dropsy is that it begins in the feet, ascends to the pelvis, to the serous cavities seriatim, abdominal, thoracic, pericardial. Exceptionally ascites may be the first symptom, followed by anasarca. Hydrothorax may be the first manifestation, and in one case pericardial exudation was noticed, which soon passed off under the use of digitalis. In many cases we consider the ascites caused by secondary changes in the liver, for it appears before the œdema, or with it only where a considerable hepatic stasis has already existed for some time. This produces proliferation of the interstitial connective tissue, and thus forms obstacles to the already retarded circulation of the liver. Experience shows that even after successful removal of the anasarca the ascites holds on. In all such cases the cardiac therapeutics does its justice, but it fails in removing the portal stagnation depending on structural changes in the liver. In many such patients, whom we keep alive for years, the enlarged liver gradually decreases, even below its normal size, in consequence of the shrinking of the proliferating connective tissue, giving us that form known as atrophic nutmeg liver. In many such cases the cardiac manifestations stand for years in the background, but the hepatic ascites remains, and the neglect of the anamnesis may lead one to diagnose erroneously a primary hepatic cirrhosis. In relation to hydrothorax and hydropericardium as first symptoms of dropsy, we may presume local changes in the blood-vessels producing a *locus minoris resistentiæ* for the serous transudations.

The ætiological diagnosis of the dropsy is easy where we know all the antecedents of the case; but suppose we are called for the first time to a fully developed hydrops universalis, and it may be difficult to differentiate between a cardiac or renal dropsy. Patients often do not recollect where the swelling began; the urine contains albumin in both cases; the diminished quantity, the higher specific gravity and the saturated color are found in both cases. On the other side, the waxy paleness of morbus Brightii, and the greater resistancy of venous œdema, are not always outspoken, and may also be found in cardiac cases; even the swelling of the trunk, so often seen in renal dropsy, may occasionally be seen in cardiac affections. Even the objective state of the heart, except in valvular defects, may not always clear up the case, as enlargement of the heart may be seen in renal affec-



tions, just as renal stasis is seen in heart diseases; so that the symptoms of both diseases interfere one with another. In such cases only two reliable symptoms remain: the enlarged liver, which speaks for cardiac origin, and, on the other side, the constant presence of granular urinary cylinders, speaking for renal origin. The specific weight of the urine in chronic nephritis is generally less than in renal stasis; there, hardly over 1020; here, mostly between 1020 and 1030. Granular atrophy of the kidney is characterized by the light color, large quantity, low specific gravity, and by the pure white color of the layer of albumin, caused by the nitric acid; but hydrops is only seen here in the last stage of the disease, and rarely of a very high degree. Let us remember a kind of dropsy where even the enlarged liver loses its indicatory value in favor of a cardiac disease, where, with undoubted renal dropsy, we also meet constantly an enlarged liver, I mean the *amyloid degeneration*; but here we meet with the enlarged liver also an enlarged spleen, profuse diarrhoea of the amyloid intestinal canal, and, above all, the aetiological original disease and its remnants. In dropsical patients *hepatic cirrhosis* yet deserves our consideration; when we see for the first time a patient suffering from excessive ascites caused by hepatic disease, and where there is already anasarca of the lower extremities and of the trunk, we have apparently a hydrops universalis before us, hinting to a cardiac or renal affection. But this is not a universal dropsy originating from a single cause; it is simply two local dropsies: a primary ascites in consequence of hepatic obstruction, and a secondary anasarca in consequence of the ascitic pressure, which puts the ascending cava in local stagnation. As we find in our examination nothing wrong in heart and kidneys, and as the patient assures us that the swelling began in the abdomen, we have only to look at the anamnesis: the icteroid color, the prevailing ascites and the absence of exudations in pleura and pericardium to lead us to a true diagnosis, even where the ascites prevents our examining liver and spleen. Still mistakes might be made, *e. g.*, a compression of the lower lobes of the lungs by the diaphragm, pushed up by the ascites, might be mistaken for a hydrothorax. Again, large abdominal tumors, especially ovarian ones, simulate universal dropsy, as they cause large anasarca from secondary ascites.

Cases may also happen, where in a dropsical patient we cannot find any changes in the heart, but where we have also to exclude all other causes of dropsy. Though we find objectively a negative state of the heart we may suppose a latent affection of the heart, just as sometimes, without having positive proof of a tumor, we diagnose from the other

symptoms a cancer of the stomach, or of any other abdominal organ.

In relation to cardiac dropsy my experience teaches, that it is sometimes easier to remove a general dropsy in the lower strata of the population, than among the wealthy people. I mean thereby, that *hydrops universalis* in a common laborer does not mean always a definite loss of power of the heart. With a laborer, suffering from a cardiac affection, outside influences, over-exercise, want and excesses may sometimes suddenly overthrow the capacity for action in the heart, so that the whole chain of compensatory disturbances sets in with a force not corresponding to the form and stage of the cardiac defect. Rest in hospital, good food, the absence of all noxæ, and a little *digitalis* soon show their beneficent action and restore the power of the heart for some time to come. A person in the higher classes, steadily acting under the advice of his physician, enjoys all comforts, and when he suffers from steadily progressing dropsy, we may fear a threatening paralysis of the heart.

Some patients suffer from cardiac defects with all the symptoms of cardiac debility, excessive dyspnœa and irregular, insufficient and still stormy action of the heart, and yet there is hardly any dropsy. Such patients suffer also from *high-graded anæmia*, and the material for transudation is wanting. In other similar cases without such anæmia, we find a considerable enlargement of the left heart, mostly in consequence of insufficiency of the aortic valves, or also from other causes. It seems as if the originally strong hypertrophic left ventricle has, even in its state of debility, so much power left to prevent a considerable stasis, whereas death finally closes the scene from nervous exhaustion of the stormy acting heart; a slow cardiac paralysis.

We must still study the diagnosis of cardiac affections based on faulty innervation, though a cardiac neurosis *per se* hardly ever leads to essential compensatory disturbances. We omit *morbus Basedowii*, though representing a true cardiac neurosis, because it is not exclusively so and is sufficiently characterized by its two other cardiacal symptoms, and because it leads, after some time, to organic changes in the heart with all its consequences. We might also neglect *angina pectoris* as a cardiac neurosis, because as a corollary we always meet here an organic affection. Still there is a purely nervous functional stenocardia without an organic basis, which French authors designate as *pseudo-angina*, and the differentiation between the two forms is sometimes very difficult, as the objective symptoms are sometimes insignificant, or totally absent. It is well known that true *angina pectoris* is



nearly always caused by endarteritic narrowing, even closing up of the coronary arteries; hence deficient nutrition, fatty or other degeneration of the heart-muscle, or myocarditic foci of softening. All the important symptoms often show no other manifestation than an attack of angina pectoris, perhaps arrhythmia of the pulse; objective symptoms are hardly ever present, murmurs none, and a decisive enlargement of the heart is only seen at a late stage or never. As then the purely functional stenocardiac attack is so much like the true one that differential points are necessary. It is well known that pseudo-angina is nearly exclusively found in young persons where degenerative processes in the blood-vessels of the heart may be excluded. The attacks are more capricious, more frequent, and not caused by the same noxae, especially bodily movements, as it is in true stenocardia. I treated lately an anæmic woman, of 30 years, for high graded nervous dyspepsia; among other symptoms she suffered exceedingly from attacks of angina pectoris, which were always brought about by taking food. A full stomach also produces attacks in true stenocardia, and such patients have to rest several hours after their dinner to keep off an attack, but with my patient a little soup or milk, a morsel of cold meat, sufficed to produce them. Pseudo-angina prevails among young women where we also meet symptoms of a neurasthenic or hysteric character. In solitary cases I also observed in climacteric women, which renders the diagnosis more difficult, and a longer observation is necessary for our decision.

More frequently are other forms of cardiac neuroses, from simple palpitations up to the most severe arrhythmia, the decrease of the pulse-wave and most severe dyspnoea. I witnessed cases where paroxysmally such a dyspnoea set in as is only found in most grave compensatory disturbances; others with such weakness of the heart that the sounds of the heart were hardly audible, the pulse filiform, and where the slightest motion caused vertigo and syncope; others again, where paroxysmally the action of the heart became excessive, with one hundred and twenty to one hundred and forty contractions; irregular arrhythmia, uneven pulse, excessive dyspnoea, in fact a delirium cordis, and all such cases may after all be only a neurosis cordis. Our physical examination reveals nothing; we deal here with anæmic or neuropathic patients; the attacks intermit, are paroxysmal; the patients are full of whims—the *cardiac symptoms too excessive*. Just as we in some cases of habitual vomiting, where the stomach for weeks and months revolts against all food, and still the patient has appetite and does not emaciate nor despair of his state, we conclude that

we deal with a mere neurosis—for deep organic changes would hardly cause such stormy manifestations—so also the excess of suffering with absence of all objective symptoms proves the case to be a mere neurosis. In organic affections of the heart it is muscular activity, bodily exercise, which increases the morbid symptoms, especially the dyspnoea, as thus the obstacles to the activity of the heart and the order for increased labor of the heart are multiplied. In cardiac neuroses mental irritations produce disturbances and cause the attack, which may last for hours, and which often is only arrested by brisk motion or ascending a hill.

There are people who without any objective organic change, suffer from *weak heart*. They are mostly of a delicate constitution, anæmic, with an habitual small, soft pulse, lean, reminding one of the phthisical habitus; some such women show a false plethora. All such persons with their weak heart suffer from palpitations from the slightest psychical or somatic excitation, more rarely from dyspnoea, or from vertigo with tendency to fainting. They have no resisting power to morbid noxæ, and inflammation of abdominal organs is here to be dreaded. They often faint away, after a slight indigestion, from flatulency or a suddenly appearing diarrhoea, and such patients may succumb to a trifling perityphlitis, to an insignificant peritonitis, from collapse, or reflectory shock. Do not leech or use ice-bags in such cases; they only hasten the collapse.

In relation to *prognosis* we might ask, whether a cardiac neurosis may lead in time to an organic cardiac defect. It cannot be gainsaid that in morbus Brightii, a purely nervous tachycardiæ in consequence of the long-continued hyperkinesis of the heart, gradually a dilation of the left ventricle develops which bye-and-bye produces a systolic murmur, probably from relative insufficiency of the mitralis. In very tedious cases I also detected with the enlargement of the left ventricle the right one enlarged, as both are overworked, and it is not clear why in most cases the left ventricle is more affected. We meet the same enlargement in other cases from continued excessive labor of the heart; the struma and the exophthalmos may remain latent for a long time. Continued, stabile hyperaction of the heart from a pure nervous basis is rare without symptoms of morbus Basedowii. As all neuroses appear in paroxysms, the heart has time to recover partially from its excessive labor and from its debilitating effects; and this is probably the chief cause why organic changes in the heart are so rarely observed in consequence of cardiac neuroses. Whether the shock alone may kill by paralyzing the heart, cannot be denied, but



the question still remains, whether the heart was organically intact. In relation to the treatment of these cardiac neuroses we must differentiate: (1) *Idiopathic cardiac neuroses*, which are rarely curable, being based on a constitutional anomaly of the cardiac nerves; and it is well that they rarely amount to much. I know people whose pulse regularly oscillates between forty and fifty, and even with a severe fever never reaches seventy. I know others suffering from habitual arrhythmia who never show any other anomaly. (2) *Reflectory cardiac neuroses* are more frequent, and the prognosis depends on the morbid focus, whose irritation reflects on the heart and influences its innervation. Overloading the stomach, intestinal flatulency, and sudden diarrhoea may produce palpitations, arrhythmia or a depression in the activity of the heart. During pregnancy a woman may suffer from tachycardia and many a uterine dislocation is the cause of a cardiac neurosis which only ceases after the womb is put in its normal position. (3) *Cardiac neuroses based on a general neuropathy*, mostly neurasthenia, more rarely hysteria. The heart may sometimes be relieved when another part of the nervous system becomes attacked in its place; it is only an exchange, not a removal of the cause.

In relation to the *prognosis of organic cardiac diseases* we must study the compensating cardiac defect. Such a person may not have the least idea that his heart is not sound, though the physician knows his danger: 1. From sudden paralysis of the heart, syncope. 2. From so-called paralysis of the lungs, or œdema pulmonum, according to Cohnheim, only a paralysis of the left heart with continued action of the right one which causes an acute transudation in the pulmonary alveoles; a genuine hemiplegia cordis. 3. From slow progressive paralysis of the heart, so called disturbance of compensation, and in consequence thereof the pitiful picture of progressive general stasis and dropsy. 4. From embolies in the different organs, more rarely from thrombosis, involving, according to the dignity of the organ, more or less suffering and danger to life. Sudden paralysis of the heart, acute œdema pulmonum, and embolic processes may appear with intact compensation, whereas thrombosis hints to the stage of debility of the heart.

But though we have a murmur, it is wrong to make a long face and an ominous prognosis. Many a person with an unsound heart may enjoy a moderate degree of health and follow his usual avocation, as long as the heart keeps up its compensatory equilibrium. We must individualize whether our patient has otherwise a strong constitution, whether all his other organs are sound, whether his blood is sufficient

quantitatively and qualitatively, whether his temperament is quiet or irritable, whether his occupation is suitable and his state of life free from care, so that he can support his family in comfort; all these are modalities which have to be weighed even among the wealthy, the mental overwork and anxiety in the race of life are of great importance in relation to our prognosis. Still innumerable accidents may happen in the course of life of such patients which decide their fate. An affection of the heart, compensated for years, may show its evil effects, when the patient is attacked by an acute or chronic disease. A pneumonia or pleuritis are often more dangerous to them than a polyarthritis. I saw such patients recover from infectious diseases, and as convalescents they fell a prey to dropsies. A family misfortune, the death of a beloved one, a loss of fortune may set the ball in motion; too many pregnancies and deliveries lead a woman suffering from heart disease to a sure death.

The prognosis differs also according to the form of the organic defect. Congenital affections are ominous, though some may reach middle age. Degenerative processes of the cardiac muscle in the decadence of life, without any valvular defect, may become fatal by sudden paralysis of the heart or lungs, or they may succumb in a relatively short time to a slow paralysis of the heart and dropsy. Among the valvular deposits I consider the most dangerous, with the shortest duration of compensation, the stenosis ostii venosi sinistra, if not combined with mitral insufficiency, which is mostly the case. Insufficiency of the bicuspidalis is next in order. Here the danger is less the possibility of a sudden death than chronic weakening of the heart with all its consequences. Then follow the insufficiency of the aortic valves, which, on the contrary, leads more rarely to stasis and hydrops than to sudden paralysis of the heart, which under favorable circumstances may be postponed for years. The most favorable prognosis in relation to time allows the stenosis of the aortic ostium. But our difficulties are not yet passed, for we must find out whether we deal with a finished case or with one where the anatomical changes are still in progress. Suppose we have three patients before us suffering from insufficiency of the aortic valves, and we find in one simply a regurgitation from congenital adhesion of two valves; here the valves are intact, the anatomical process is closed and the patient may reach an old age. In a second, the return-flow of the aortic wave is caused by the relaxation of the valves or by dilatation of the lumen of the aorta; the valvular apparatus is here also unchanged, but on account of the nature of the process we deal here with a progressive



state and must fear the approach of dangerous sequelæ. In a third one the insufficiency is based on atheromatous changes in the valves, the tender, semilunar formations are thickened, shrunken and disfigured; such a process is not only progressive, but leads to deposits and opens the doors wide to all the dangers of embolism. Notwithstanding all these prognostic difficulties, I venture to assert that most physicians look too gloomy on organic affections of the heart, for many cases are on record where patients lived for a good many years in spite of their heart disease, and we might well ask whether an organic disease of the heart can ever be cured? It may be an exceptional case, but why should a recent product of inflammation not disappear definitely in the cardiac valves as we see it in other organs. In autopsies we often see in the endocardium the so-called tendon-spots, which are remnants of inflammations having run their course, and are neither cicatrices, nor do they prevent the valves from attending to their functions. In chronic valvular diseases, or in the degenerative processes of beginning senility a *restitutio ad integrum* is impossible, and still adipositis cordis has been cured.

When compensation fails, we may still ask, how long a patient can live in this stage. Individualization is again necessary between initial and fully formed cases. Where dropsy is fully developed the patient hardly lives a year, but where only anasarca is the trouble, compensation may again set in and the patient's life be prolonged for years, when situated in favorable circumstances and where the treatment leaves nothing to be desired. I might mention that I fear more the dropsy in youthful, still growing patients, as my results with them were rather unfavorable.

In relation to the *therapia*, we object to prescribing digitalis indiscriminately for every patient with compensating cardiac defect. The compensation of a cardiac defect is produced by a hypertrophy of some part of the heart, and this is the cause why we often find here an increased action of the heart, and this is only increased by digitalis. This is especially true of the affections of the aorta, which are compensated by hypertrophy of the left ventricle; here digitalis is absolutely dangerous, as by the increase in activity of the over-active and enlarged left ventricle cerebral hemorrhage may set in, especially as many an aortic defect is based on atheromatous processes, and where cerebral blood-vessels may suffer from the same state.

*In compensating cardiac defects we have very little to do with drugs; our aim must be rational regulation of the modes of life.* It is a mistaken idea with many that we cannot deal too tenderly with them. I

only agree so far, that we must not allow any over-exertion for a heart already battling with obstacles. We forbid mental and bodily exercise, if too much is required, but in moderation allowable; we reduce the quantity of cardiac stimulants, as tea, coffee, alcohol, or forbid them entirely in high-grades of hypertrophy and increased action. Tobacco weakens the heart. *Fresh air is the best tonic of the heart.* All emotional irritations only aggravate the case. Our object must be to strengthen, to harden the muscle of the heart, not to pamper it, for we must get it used to overcome moderate obstacles, to increase its resisting power. I do not only advise long walks, but even skating in moderation, Swedish gymnastics and mountain air, where cool baths are always enjoyable, and even swimming off and on in one of the lakes, so often found in mountainous regions. Of hydropathic procedures I only forbid those which withdraw too much heat, as douches, and prefer sitz baths or half-baths. *You must individualize,* and no strict rules can be laid down. With such a strengthening mode of life we not only strengthen the heart in this stage of compensation, but the whole physical and psychical organism of the patient is strengthened; we will not allow our patient to consider himself a sick man in every action which he undertakes. In relation to marriage it may be said, that it may be allowed to males, but women with heart-disease certainly run a great risk on account of pregnancy, labor, lactation, evolution and involution. Heredity has never been proved, but a disposition in the descendants cannot be denied. What is this disposition? Here again individualization comes in, for every morbid disposition differs from another one. In our case, *e. g.*, the disposition for such processes may be hereditary, which leads to cardiac defects, and who can deny that *e. g.* obesity, early arterio-sclerosis, gout are hereditary dispositions? Notwithstanding that many incline to the opinion that polyarthritis, one of the most frequent sources of cardiac defects, belongs to the infectious maladies, this bacterial origin amounts to very little when we consider that Koch's bacillus tuberculosis has failed so far to overthrow the heredity of tuberculosis. According to my experience hereditary influence emanates mostly from the mother, rarely from the father. I know several families where the mother and several children suffer from cardiac affections in its different forms, and we must not forget that cardiac neuroses may appear as the equivalent of organic heart-disease.

Our hardening principle is at an end as soon as the stage of incompen-  
sation is reached. When the increasing dyspnoea, the swelling of the liver, the oedema pedum certify to the appearance of debility of



the heart, our only safety for the moment lies in *rest in bed*, as it reduces greatly the obstacles to the activity of the heart, saving six to eight contractions in a minute, and does not diminish the blood-pressures. *Digitalis* will always remain invaluable in affections of the heart. I prefer the infusion in very small doses, 0·30–0·50 ad 150·0, and the patient must take seven to nine bottles of such an infusion. *Digitalis* is our aid; *rest in bed* our chief factor. Where *digitalis* fails we may suspect a fatty degeneration of the heart, and it acts best in the subacute dilatations of the overworked heart, in mitral insufficiency and stenosis, and less in defects of the aortic valves. *Pulsus raris*, 30–40 beats to the minute, a connection with arrhythmia, a sure sign of a weak, irregular heart is the chief indicator for *digitalis*, and under its use the so-called false contractions cease, and with every beat of the heart we perceive the corresponding pulse-wave. Neither *convallaria*, *adonis*, *caffeinum*, nor *strophanthus*, will ever remove *digitalis* from its rightful place, but we may need such a substitute where vomiting, idiosyncrasy, etc., contra-indicate the foxglove. Stokes considers *calomel* the great diureticum. Though it has no action on the heart itself it is our best means for the absorption and discharge of the hydropic fluid in cardiac dropsy, whereas in renal dropsy and in ascites, originating primarily in the liver, it acts only a subordinate part. Noel Paton tries to explain this action of *calomel*, thinking that its action on the bile and urine comes from the destruction of the red blood-corpuscles; thus producing an increased formation of bile and urea. The diuresis is only a mediate action of *hydrargyrum*, but an immediate one of the urea accumulated in the blood, and this becomes a stimulus for the heart. We witness, therefore, less action from it in hepatic cirrhosis, where the chief focus for the origin of urea is degenerated, and in the kidneys of *morbus Brightii*, where the secreting organ is diseased, than in dropsy from cardiac affections. *Calomel* acts best in connection with *digitalis*, and we use it only when the action of *digitalis* on the heart and on the dropsy decreases. Even at that ominous stage, where the degeneration of the heart prevents the influence of the foxglove, the general dropsy will still yield to the action of the quicksilver, and Stokes mentions a case where thus he prolonged life for many a year. Sometimes it may produce diarrhoea, especially where larger doses become necessary for the production of diuresis; but stomatitis is rare.

In certain cardiac affections, especially in those frequent enlargements based upon arterio-sclerosis, and even where *asthma cardiale* is already present, and especially in the *angina pectoris* of well-nourished

patients, the iodide of potassium becomes our sheet anchor. I give it in small doses, hardly ever more than 0.50 *pro die* in pills, but for several months, and advise the patient to repeat the cure two or three times in the year. None of our hygienic or dietetic rules must be neglected, so that we may hope for steady improvement. Should the heart from time to time become weak and stasis threaten, digitalis and rest in bed must be enforced till the danger is passed again. Thus also, we have kept patients in moderate health for a number of years.

Finally, I consider it detrimental to the welfare of the patient, to give, on account of a heart disease, an ominous prognosis. Cheerfulness before the patient, the truth and nothing but the truth to the family, and the conscientious physician can only do his duty and leave the result to Him, who does everything well.

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#### EPISTAXIS.

[Translated for THE HAHNEMANNIAN MONTHLY by H. F. Ivins, M. D., from the *Allg. Hom. Zeitung*.]

#### ACCOMPANYING SYMPTOMS.

With congestion to the chest; *Millefolium*.—With paleness of the face; *Carbo. veg.*—With heaviness in the head; *Coffea*.—With sensation as though the eyes were drawn toward the centre of the head by means of a string; *Paris quad.*—With whooping-cough and severe sneezing; *Coccus cacti*.—Small drops of dark color in old persons; *Conium*.—With severe congestion to the root of the nose; *Paris quad.*

#### IMPROVEMENT FOLLOWING THE HEMORRHAGE.

*Bromine*—Chest and eye symptoms better on account of the bleeding; *Bufo*—Headache better (also *Magres. s.* and *Merc. v.*); *Cham.*—Confusion of thought improved; *Hamamelis*—Bleeding from ears and nose improves the head symptoms; *Petroleum*—Moderate nasal hemorrhage improves the headache.

#### AGGRAVATION FOLLOWING THE BLEEDING.

*Borax*—Headache worse; *Phos. acid.*—Nosebleed in typhus fever without relief; *Crocus sat.*—The health of the child destroyed by the hemorrhage; dark blood; daily epistaxis in warm weather; bleeds easily, the blood is warm and black. *Coffea*—Suddenly starting and very watery; *Oleum Jecoris asselli*—Bleeding from stooping, with amenorrhœa; *Notrum mur.*—Frequent bleeding at night from stooping; *Rhus glabra*—Hemorrhage from left nostril and mouth; *Coral rub.*—Bleeding every night—*Natrum mur.*, also very often; *Coccus cacti*—After sneezing, during whooping cough; *Merc. sol.*—Bleeding during a coryza or with bleeding from the ear at 10 A. M.



## Society Reports.

### TWENTY-THIRD ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The twenty-third annual session of the Homœopathic Medical Society of the State of Pennsylvania was held in the chapel of the Pittsburgh Homœopathic Hospital on September 20, 21 and 22, 1887.

The opening of the first session, which was held on the morning of September 20, was delayed two hours on account of the lateness in arrival of the train which brought the president and a number of other members from the eastern portion of the State. After the society was called to order by President A. R. Thomas, Dr. J. C. Burgher, President of the Allegheny County Society, delivered an address of welcome, which was responded to on behalf of the Society by Dr. Thomas.

The first order of business on the programme was the delivery of the president's annual address, but as Dr. Thomas' baggage (containing his manuscript) had by a mistake of the railroad company, been sent to New York instead of to Pittsburgh, Dr. W. H. Bigler moved that the order of business be suspended, and that the president's address be read during one of the sessions of the second day and that the reports of officers and committees be received. This motion was carried.

DR. J. F. COOPER, of Allegheny, presented his report as Treasurer of the Society. There was a balance on hand of over \$18.00 as against a deficit of 91.00 in 1886. The report was accepted and referred to an auditing committee consisting of Drs. W. H. Bigler and John E. James, of Philadelphia and Jno. B. McClelland, of Pittsburgh.

The report of the Corresponding Secretary, Dr. Clarence Bartlett, was next presented. Dr. Bartlett reported that in conformity with the directions of the society given in 1886, he had disposed of a number of sets of the Society's Transactions, and had received \$131.00 for the same. This sum he had remitted to the treasurer.

The Corresponding Secretary, as chairman of the Committee on Publication, reported that the Transactions of the previous session had been issued at a cost of \$485.30, and that copies had been sent to all members entitled to receive them.

DR. J. F. COOPER, as chairman of the Committee on Subscriptions, reported that the financial condition of the society was so good that he had had no occasion to solicit subscriptions.

DR. HUGH PITCAIRN, of Harrisburg, chairman of the Committee on

Legislation, being absent, Dr. J. H. McClelland, of Pittsburgh, presented a verbal report.

DR. PEMBERTON DUDLEY, of Philadelphia, reported for the Delegates to the American Institute of Homœopathy.

DR. J. H. MCCLELLAND announced that the New York State Homœopathic Medical Society was in session in New York city, and moved that a telegram of friendly greeting, signed by the President and Secretary be sent to the Secretary of the New York Society. Carried.

The report of the Board of Censors was received. During this and the following session twenty physicians were elected to active membership, as follows: Jos. Rodes, Landreth M. Thompson, W. W. Speakman, Horace E. Kistler, J. R. Holcombe, E. R. Snader, and J. C. Millen, of Philadelphia; Wm. A. Haman, of Reading; Elias Wildman, of Yardley; E. N. Leake, of Butler; W. W. Wolfe, Jno. Cooper, Mary E. Smith, and Margaret L. Crumpton, of Allegheny; and Elizabeth Uncapha, E. E. Briggs, H. G. Briggs, Henry A. Page, F. P. Wilcox, and Wm. Cowley, of Pittsburgh.

The Auditing Committee reported that the accounts of the Treasurer were correct.

DR. W. R. CHILDS, necrologist, presented obituary notices of Drs. David Cowley, of Pittsburgh, Henry Detwiller, of Easton, S. T. Charlton, of Harrisburg, and J. H. Way, of West Chester.

In conformity with Dr. Child's suggestion, a committee to draft resolutions commemorative of these physicians was appointed by the President as follows: Dr. P. Dudley, *Chairman*, and Drs. J. F. Cooper and W. R. Childs.

The next order of business was the report of the Bureau of Pædology. In the absence of Dr. Dan'l. Karsner, the chairman of the bureau, Dr. W. B. Trites, of Philadelphia, presented the report. Dr. S. F. Shannon, of Sewickley, read a paper on Marasmus, which presented a thorough review of the etiology, symptomatology and treatment of this disease. A paper by Dr. J. H. Closson, of Germantown, was read by title and referred for publication. The last paper was by Dr. W. B. Trites, of Philadelphia, on Syphilis as a Factor in the Etiology of Disease. The author announced that his paper hardly belonged to the Bureau of Pædology, but inasmuch as it was placed on the programme under that bureau, he would present it at this time.

This closed the report of the bureau. Owing to the lateness of the hour, discussion on the papers was postponed until the following morning, and the society adjourned.

SECOND DAY.—MORNING SESSION. The discussion on the Report



of the Bureau of Pædology was opened by DR. JNO. E. JAMES, of Philadelphia, who spoke in commendation of Dr. Trites' paper. He said that the profession had been somewhat derelict in recognizing syphilis as the cause of disease. Information should be obtained so that these cases can be positively diagnosed, and not in a general sort of way by a process of exclusion.

DR. PEMBERTON DUDLEY, of Philadelphia, said that excluding diathetic causes, he believed that all cases of marasmus resulted from gross neglect of hygienic management of the child. He advocated in some cases, the changing of the child's diet *in toto*, especially in cases where milk has been the only food given, and in its place use beef-tea, barley-water, etc., until the curd disappears from the stools. The speaker taking up the subject of Dr. Trites' paper, reported a case of headache with nocturnal aggravation, which he and others had treated unsuccessfully. These headaches were followed by attacks of blindness, which blindness afterwards became permanent. A syphilitic history was discovered. Iodide of potassium was prescribed, nine grains daily. The headache was relieved. Subsequently the patient lost sensation on one side of the face and was taken with coma and died. An autopsy revealed degeneration of a small portion of the base of the brain with meningeal inflammation.

DR. CHAS. MOHR, of Philadelphia, expressed his agreement with Dr. Dudley respecting the hygienic management of marasmus. He also thought hygiene a very important element in the treatment of syphilis. He spoke in commendation of the Turkish bath. He directed attention to syphilis as a factor in certain chest affections, and related the history of a case of so-called pleurisy with marked effusion, the fluid extending to the lower border of the third rib. Syphilitic nodes were discovered over both clavicles. Iodide of mercury was prescribed, but he grew worse and worse and went into a typhoid state with exhausting diarrhoea. Then sulphur was prescribed, which acted charmingly, but did not reduce the pleural exudation. Iodide of potassium, in doses of ten drops of the saturated solution, every three hours was then given and the effusion disappeared rapidly. Our antisiphilitic treatment should not be confined to iodide of potassium for we may successfully use many other remedies, *e. g.*, *aurum* and *sulphur*. He closed his remarks by reporting a case of syphilitic headache with apish symptoms and which that remedy cured.

DR. Z. T. MILLER, of Pittsburgh, reported several cases of cystocele, in all of which a syphilitic history was obtainable. So far as the cases of syphilitic brain diseases are concerned, he acknowledged that he

had seen none recover, but he had never instituted antisyphilitic treatment. He had dropped the use of iodide of mercury, because he never saw a case that was not made worse by that remedy. He had seen cases improve under sulphur.

DR. I. G. SMEDLEY, of Philadelphia, expressed the opinion that iodide of potassium was homœopathic to many syphilitic manifestations. He advocated the administration of this remedy as follows: One teaspoonful of the drug should be dissolved in one pint of water and the patient should take this in tablespoonful doses.

DR. CLARENCE BARTLETT, of Philadelphia, referred to certain symptoms diagnostic of syphilitic brain disease. Of special importance was paralysis of the oculo-motor nerves.

DR. AUG. KORNDORFER, of Philadelphia, said that almost all cases of syphilis were complicated with the psoric constitution. He did not believe it possible to cure them without the use of sulphur or one of the antipsorics.

DR. W. B. TRITES expressed his appreciation of the manner with which his paper had been received by the society. By way of treatment, he would say that he first gives his patient *mercurius solubilis* 1<sup>x</sup>, one grain, three times daily. He uses this remedy throughout the secondary stage. When the tertiary lesions appeared, he then believed the compounds of iodine and mercury to be of the greatest benefit. In the later stages, he had used iodide of potassium, and in doses as large as forty grains four times a day, with excellent result. He believed that Dr. Dudley's case should have had larger doses of the drug.

DR. DUDLEY asked if any members present had met with cases of syphilis acquired in other ways than through sexual intercourse.

DR. C. P. SEIP, of Pittsburgh, reported the case of a young lady who acquired a chancre of the lip from playfully putting her intended's cigar in her mouth.

DR. KORNDORFER spoke of two cases he had treated, one of syphilis acquired from clothing and another that had been contracted by a kiss. This closed the discussion.

The Bureau of Ophthalmology, Otology, and Laryngology, then reported through the chairman, Dr. Wm. H. Bigler.

The first paper was read by Dr. Jos. E. Jones, of West Chester, and was entitled "Diseases of the Ductus ad Nasam." He reported a case of epiphora in which there were burning and pressure in the eyes on exerting them, inflammation with itching and sticking in the eyes, itching of the lids causing continued rubbing, rash and irritation of the lids, swelling of the conjunctiva and enlargement and fulness of the



carunculi. Petroleum cured. He also reported three cases of dacryocystitis cured without rupture of the sac. by belladonna and mercurius.

DR. W. H. WINSLOW's paper on Atrophy of the Optic Nerve was then read by Dr. W. H. Bigler.

DR. W. H. H. NEVILLE's paper on Hypertrophic Rhinitis, was read by title and referred for publication.

DR. BIGLER then read extracts from Dr. Ivins's paper on Chronic Acid in Post-nasal Tumors.

DR. BIGLER also read his own paper on the "Diagnostic Value of the Various Forms of Bulbar Injection." The author prefaced his paper with remarks on the unreliability of subjective and on the importance of objective symptoms in ophthalmic diagnostics. He then referred briefly to the anatomy of the vascular supply of the ball, with its practical application to the subject under review. An absence of pericorneal injection, he said, indicated an entirely superficial hyperæmia. The presence of pericorneal injection may have a different significance according to its several types. A pinkish or rose-colored zone surrounding the cornea, becoming fainter in color away from this, and consisting on close examination of fine, straight, radiating vessels, not moving with the conjunctiva points to an inflammation of the cornea or uveal tract. A similarly placed dark or dusky red zone, finely reticulated, is often found in glaucoma, but may occur in other conditions. An unequally marked injection, of a peculiar lilac tint, in the same region points to cyclitis. A bright red superficial injection of small vessels in the same location, often running over on to the surface of the cornea, usually shows a tendency to superficial corneal ulceration; when localized or fasciculated in points, to phlyctenular disease. If associated with photophobia, it may lead us to diagnose an oncoming keratitis. A congestion of deep red color, sub-conjunctival and in patches, usually situated opposite the palpebral fissure, near the outer margin of the cornea, points to episcleritis.

A paper by Dr. R. W. McClelland, of Pittsburgh, on the Ophthalmology of the General Practitioner, was read by title and referred to the Publication Committee.

This closed the report of the bureau, which was then discussed briefly by Drs. W. H. Bigler and Jos. E. Jones.

DR. CHAS. MOHR, of Philadelphia, then presented the report of the Bureau of Materia Medica. He read his own paper on Materia Medica Bureau Work.

Other papers presented by the Bureau were: "On the Exclusion of Irrelevant Symptoms from the Materia Medica," by Aug. Korndoer-

fer, M. D., of Philadelphia [this paper we will publish when the Transactions are issued]; "Repertorial Arrangement of Renal Symptoms," by Theo. J. Gramm, M. D., of Philadelphia; "Repertorial Arrangement of Heart Symptoms," by E. R. Snader, M. D., of Philadelphia; "Causticum and Coffea," by E. Cranch, M. D., of Erie. [We will also publish this paper.]

The discussion on the report of the Bureau was opened by J. P. Dake, M. D., of Nashville, an honorary member of the Society. He spoke of the great importance to us as a school, of a *materia medica* which should present to us none but reliable symptoms. We can only decide that symptoms are reliable by following the ordinary rules governing testimony. Symptoms reported by a prover may or may not be the result of the drug taken, but if these symptoms are also reported by other provers then we gain confidence in them as positive drug effects. A symptom reported by but one prover out of a number should not be written down as a drug effect. It should be laid aside for future confirmation. For years we have been trying to obtain characteristic symptoms by clinical experience. Clinical experience will not do this, for such symptoms can only be obtained from a study of the effects of a drug on the healthy. In patients we find ever varying conditions.

DR. AUG. KORNDORFER, of Philadelphia, to show the importance of retaining a symptom that had been reported by but one prover, spoke of a case of marked mental alienation cured by aconite, on the symptom that the patient could not think with his mind, that all his thinking was done in the region of his stomach. In answer to a question from Dr. Dudley, Dr. Korndorfer said that none but reliable symptoms should ever find a place in the *materia medica*. Undefined symptoms are so nearly valueless that they may be stricken out, save from the day-books. Defined symptoms, even though reported by but one prover, ought to be retained.

DR. WM. B. TRITES, of Philadelphia, thought remedies should be proved and reproved. We were given too much to the worship of Hahnemann. We accept his observations although his day-books are not presented.

DR. KORNDORFER replied that no translations except the last edition of the *Materia Medica Pura* gives the time after taking the drug at which symptoms appeared. He did not wish to defend Hahnemann in his theories, for though he was a perfect observer he was a poor theorizer.

The Society adjourned until 3 P. M.



At the opening of the afternoon session Dr. Chas. Mohr presented the following resolutions, which were adopted as read :

*Resolved*, That the Bureau of Materia Medica and Provings be appointed as follows, viz. : one member to serve one year, one member to serve two years, one member to serve three years, one member to serve four years, and one member to serve five years, and that hereafter, as the terms expire, a new member shall be appointed each year to serve the full term of five years.

*Resolved*, That the member having the shortest time to serve be announced as the chairman for the ensuing year.

*Resolved*, That it is the wish of this Society that the Bureau shall prove and reprove drugs ; shall solicit from the medical profession clinical verifications of drug pathogeneses, and shall prepare a thorough repertorial index of the drugs given in Hering's Condensed Materia Medica for publication in the Transactions of this Society.

*Resolved*, That all unfinished and unpublished provings made by members of the Bureaus, and all unfinished repertorial work shall be the property of the Bureau until completed for presentation to the Society.

The Bureau of Gynecology then reported through the chairman, Dr. I. G. Smedley. The following papers were presented : "Cervical Endometritis," by the Philadelphia County Society ; "A Case from Practice," by W. A. Hassler, M.D., of Allentown, and "Rest and Exercise in the Treatment of Pelvic Disorders," by Emma T. Schreiner, M.D., of Philadelphia.

The Bureau of Obstetrics failed to present a report.

The report of the Bureau of Surgery was presented by Dr. Jno. E. James, of Philadelphia, in the absence of the chairman, Dr. Wm. B. Van Lennep. Dr. W. Tod Helmuth, of New York, delivered a short address on "Fibro-myomata of the Uterus." After speaking of the pathology of fibroid tumors of the uterus, he took up the subject of their treatment by surgical operation. He showed by statistics that hysterectomy was a much less fatal operation now than formerly. He exhibited a set of long bayonet-pointed steel pins, invented by his assistant, Dr. Sydney F. Wilcox, which he used in his operations. After opening the abdomen, these pins were inserted into the uterus crosswise, after which an elastic ligature was wound around the parts beneath them. Then the uterus with the tumor was removed. The pedicle secured by the pins and elastic ligature was then fastened in the abdominal wound. The speaker thought that hysterectomy was destined to become as successful an operation as ovariectomy.

A paper by Dr. Jno. Malin, of Philadelphia, on "A Case of Lateral Curvature of the Spine," was read by title and referred for publication.

DR. H. J. EVANS, of Altoona, reported "A Few Surgical Cases." The first case was one of fracture of the inferior maxilla. A blow on the right side of the face produced a multiple fracture of the left side of the bone. The second case was one of suppurative synovitis of the knee-joint, cured by Hepar.

DR. M. J. BUCK, of Altoona, read a paper on "Curvature of the Tibia and Fibula." He reports five cases of this deformity operated on by him successfully. The author advocated straightening of the limbs by operation with the chisel and saw, as being far preferable to the use of force as with the osteoclast.

Papers were also read by Drs. L. H. Willard, of Allegheny, J. H. McClelland, of Pittsburgh, and Clarence Bartlett, of Philadelphia, the respective titles of their papers being, "The Open Section in Orthopaedic Surgery," "A Marked Case of Melanosis," and "The Diagnostic Value of Paraplegia in Pott's Disease, with Illustrative Cases."

DR. W. R. CHILDS, of Pittsburgh, reported "Surgical Cases."

A paper by Dr. W. B. Van Lennep, on "Cocaine in Surgery," was read by title, and this closed the report of the Bureau. Owing to the lateness of the hour, there was no discussion, the society adjourning until evening.

In the evening, Dr. Wm. J. Martin, of Pittsburgh, chairman of the Bureau of Clinical Medicine, presented the report of that Bureau.

Papers on "Clinical Cases," were read by Drs. J. M. Maurer, of Washington, R. K. Fleming and F. C. Gundlach, of Pittsburgh.

DR. E. M. GRAM's paper on "Dermatitis Calorica," was read by title and referred for publication.

DR. E. C. PARSONS, of Meadville, read a paper on "Two Cases of Retropharyngeal Abscess;" both of his cases recovered.

DR. CLARENCE BARTLETT, of Philadelphia, next presented a paper on "Some Points in the Treatment of Gastric Disorders." He called attention to the value of water in the treatment of digestive disorders, referring to the case of gastric catarrh treated by lavage, and reported by him in *THE HAHNEMANNIAN MONTHLY* for April, 1887. He also reported a case of hysterical vomiting cured by the same procedure. The value of hot water was dilated on, as was also the use of drinking water at night on retiring and again in the morning as a means of combatting constipation and of cleaning the gastro-intestinal tract of mucus. Dyspepsia resulting from overdieting was spoken of. There are persons who restrict their diet on very slight provocation. Such persons often by starvation bring on the very trouble they try to



avoid. Further dieting is followed, and the case goes from bad to worse. Nothing but good feeding will cure them. In closing his paper, Dr. Bartlett referred to hydrastis as a remedy for aphthæ associated with gastric disorder, and *hepar* as an important remedy in atonic dyspepsia.

DR. WM. J. MARTIN, of Pittsburgh, read a paper by Dr. Thos. Nichol, of Montreal, Canada, on "*Rhus tox.* in Diphtheria of the Lips." He then read his own paper on "Three Cases of Sciatica." The first case was cured by arsenicum, because of the well-marked aggravation after midnight, the restless tossing about in bed, and the marked relief from heat and hot applications. The second case was cured by *rhus*. The pain was very severe and was worse when the patient was still. The attack was brought on by overexertion during a long walk. A prompt cure was effected in this case as well as in the first. The third case was cured by *colocynth*, after having been abandoned as incurable by allopaths. The symptoms were sharp, drawing pains in the lumbar region, hip and thigh of the right side, coming at irregular intervals, worse from any motion and relieved when lying with the thigh flexed on the abdomen.

DR. Z. T. MILLER read some "Reflections on Clinical Cases."

The paper by the Allegheny County Society on Cystitis was read by title, as was also the papers by Dr. Jno. C. Morgan, on "A Peculiar Objective Symptom in Hepatic Ascites," and by Dr. Wm. A. Hassler on "*Nabulus Albus* in Chronic Diarrhœa." Dr. M. M. Walker's paper on "*Zizygium* in Diabetes," was read in abstract by Dr. Bartlett.

DR. PEMBERTON DUDLEY, of Philadelphia, opened the discussion. He said that he had frequently used *gnaphalium* in sciatica and had cured more cases of that disease with this remedy than with all others put together. The special indications for it are burning pains followed by numbness in the affected part.

DR. CLARENCE BARTLETT, in response to a question by Dr. Evans, of Altoona, described the operation of washing out of the stomach.

DR. CHAS. MOHR, of Philadelphia said that in cases of indigestion in which milk diet was indicated but in which the patient declared his inability to take that article, he followed the same plan as suggested by Dr. Bartlett. He insisted that the patient take milk. He had met with a number of cases of dyspepsia produced by persistently following a diet inadequate for proper nutrition.

DR. AUG. KORNDORFER, of Philadelphia, suggested *rhus* as a valuable remedy in atonic dyspepsia. The special symptom indicating is severe pain in the left hypochondriac region apparently along the

greater curvature of the stomach. The pain is not sharp or cutting but it is an aching pain, causing a sense of weakness. It is relieved by continued exercise.

The discussion then closed and the Society adjourned until the following morning.

During the above session, the report of the Bureau was suspended to permit of the delivery of the president's address, in which was reviewed at length the advances made by medicine and the allied sciences during the last half century. Special stress was made on the progress of homœopathy. The speaker expressed himself as of the opinion that students should be well-informed concerning hydro-, electro-, and palliative, therapeutics. He did not think that students so instructed were in danger of becoming eclectics. The success of homœopathy should not depend on keeping her students ignorant of these subjects. The address closed with remarks on medical education and on the relation of the medical profession to our colleges.

The closing session of the Society was held on Thursday morning, September 22. The report of the Bureau of Pathology was presented. A paper on "Interstitial Nephritis in Children," by Drs. W. C. Goodno and E. L. Oatley, was read by title, and a paper on a case of "Obscure Brain Trouble," by Dr. F. F. Laird, of Utica, N. Y., was read by the secretary. The only paper presented by the Bureau of Sanitary Science was by Dr. B. W. James, and was entitled "Can Epidemics be Excluded."

The Society then proceeded to general business. Bills presented by the secretary were approved and ordered to be paid.

Dr. J. C. BURGHER presented charges of unprofessional conduct against a member. On motion, these charges were referred to the Board of Censors, with instructions to report at the next meeting of the Society.

The election of officers was then held and resulted as follows:

*President*, Hugh Pitcairn, M. D., Harrisburg; *First Vice-President*, W. B. Trites, M. D., Manayunk; *Second Vice-President*, C. F. Bingaman, M. D., Pittsburgh; *Treasurer*, John F. Cooper, M. D., Allegheny; *Corresponding Secretary*, Clarence Bartlett, M. D., Philadelphia; *Recording Secretary*, J. H. Closson, M. D., Philadelphia; *Censors*, Sarah J. Coe, M. D., Wilkesbarre, J. C. Burgher, M. D., Pittsburgh, H. W. Fulton, M. D., Pittsburgh; *Delegates to the American Institute*, Drs. Jos. E. Jones, A. R. Thomas, L. H. Wilbard, and Clarence Bartlett.

The following Chairmen of Bureaus were appointed:



*Materia Medica*, Z. T. Miller, M. D.; *Clinical Medicine*, W. B. Trites, M. D.; *Pathology*, W. K. Ingersoll, M. D.; *Pædology*, J. K. Lee, Jr., M. D.; *Surgery*, W. R. Childs, M. D.; *Gynecology*, C. P. Seip, M. D.; *Obstetrics*, C. F. Bingaman, M. D.; *Sanitary Science*, J. H. McClelland, M. D.

After passing votes of thanks to the various officers and committees, and to the Pittsburgh physicians, the Society adjourned to meet in Philadelphia, in September, 1888.

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## Correspondence.

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### AN UNDESIRABLE ALLIANCE.

PHILADELPHIA, October 13, 1887.

EDITOR HAHNEMANNIAN MONTHLY:—In commenting on Dr. Orme's address to the American Institute of Homœopathy, the editor of the "*Medical Times*" says, "We have always held that science knows no sect and cannot. We are not aware that the so-called homœopaths have done any work that could not have been done just as well in association with the great body of physicians."

The editor must be well aware that "the great body of physicians" would never give them the opportunity of investigating this particular science in association with them. From the very beginning they have repudiated and discarded them. What other means were open to them, in order to establish their chosen belief, than to form separate societies? Is it then so terrible to be a sect? When once a great truth has been firmly established and acknowledged by the majority as essential, scientific men of all schools can then work together in harmony. That has never been done. In this homœopathic law there is a much deeper meaning than is generally conceded. To be sure there are many means of restoring health, such as hydropathy, allopathy and other methods. It is not merely the dose as some maintain, which constitutes the difference between homœopathy and the old school. In order truly to cure human diseases there must be the most intimate affinity and correspondence between the disease and the remedy. The great law of cure, which Hahnemann first established, is not merely an appendix to therapeutics, but the very essence of it, and in no other way can true cures be so well effected as by these means. This, of course, does not deny the necessity of occasional palliative means, when the true simile is not found, or when a cure according to the nature of the case is impossible.

Very truly yours, C. NEIDHARD.

## Editorial.

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### THE RETIREMENT OF PROFESSOR GAUSE.

After twenty-seven years of official relation to the Hahnemann Medical College of Philadelphia, and twenty-four years of actual service as professor, Dr. O. B. Gause has resigned his chair, and withdrawn from the active duties of the position which he had so long and so acceptably filled. It is entirely needless to say that his resignation was accepted by the Faculty and Trustees only with intense reluctance, and with a full appreciation of the imperative personal reasons that prompted it. Professor Gause had greatly endeared himself to his official associates in both boards, not only by his natural geniality and kindness, and his high personal character, but by his eminent ability as a professor, his acknowledged skill as a physician, his merited distinction as an obstetrician, his expansive views of the work of medical education, and his earnest sympathy with, and co-operation in, every plan and effort for the improvement of the college and the enlargement of its usefulness and efficiency.

Professor Gause's connection with the institution extends over two-thirds of its entire history. Beginning his official labors at a time when the school was young and feeble, his retirement leaves it in a position second to that of no medical college in America. The changes in its condition and prospects, and the vast advances it has achieved, have been secured under almost untold difficulties, and in spite of tremendous discouragements, such as few, save Dr. Gause and his associates in the Faculty,

have any conception of. It is largely to his credit that long after the novelty of the position had worn off, when his private practice was making heavy demands upon his time and strength, and when the professorship had neither honors nor emoluments for him, he still adhered to the fortunes of the struggling school, and for a score of years aided in defending it against external and internal perils. He has a right to feel proud that he leaves the college with its various boards working together in harmony, provided with a new college building as complete and perfect in its construction and appointments as any to be found in America, with one of its hospital buildings finished, and with bright prospects for the early completion of the remaining structures. It must be a supreme satisfaction to him to know that his own labors have contributed so much towards achieving this magnificent result, and in elevating the college to so high a place in public and professional confidence. Professor Gause's signature adorns the diplomas of over one thousand physicians who have sat under his instructions, passed the college examinations and received its degree during his incumbency of the professor's chair. Most of these graduates are engaged in the practice of their profession in this and other countries, and not a few of them have won high distinction in the improvement of the science, art and literature of medicine. And all of them who hear of the retirement of their former teacher, will join in the hope that his life, his health, his



happiness and usefulness may be long continued.

The delivery of the annual introductory address before the class of 1887-8, by Professor Charles M. Thomas, was made the occasion for conveying to Professor Gause an expression of the feelings and sentiments of his associates in the College Faculty. At the close of the introductory lecture, Professor A. R. Thomas, the Dean, speaking on behalf of the Faculty, expressed the regret which all of them felt at severing the relations which had continued so long and had always been of so pleasant a nature. He then presented to the retiring Professor a handsomely engrossed and framed copy of a preamble and resolutions recently adopted by the Faculty. Professor Gause in reply spoke briefly and feelingly of his association with the college, with its trustees and faculty and of its alumni, and of the necessity which impelled him to close his collegiate labors and to seek a more congenial climate for those who were near and dear to him.

Brief remarks were then made by Dr. Pemberton Dudley, a member of the Faculty, who had been a member of the college class at the session of 1860-1, when Professor Gause delivered his first course of lectures; by Dr. H. Noah Martin, formerly associated with Dr. Gause in the Faculty, and by Professor J. Nicholas Mitchell, formerly the assistant and now the successor of the retiring Professor. Between these two gentlemen there had existed the highest mutual esteem and the warmest reciprocal friendship, and this was alluded to by Professor Mitchell, with scarcely concealed emotion. In closing, he said, "If, after perhaps years of service, my retirement from this position shall awaken as much regret as I feel in view of the event that has placed me in it, I shall be more than content."

At the conclusion of the exercises,

which were held in the New Clinical Amphitheatre of the recently completed Out-patient Department of the Hospital, a collation was served in Alumni Hall, at which a large number of Professor Gause's personal and professional friends were present by invitation of the Faculty.

The following are the resolutions adopted by the Faculty in view of Professor Gause's resignation:—

*Whereas*, Professor O. B. Gause, M. D., in view of his intended removal from this city, has resigned his chair in this College, therefore

*Resolved*, That we, his associates of the College Faculty, desire to express our high estimate and appreciation of the services he has rendered in his capacity as Professor of Physiology and Pathology, and afterwards as Professor of Obstetrics and Diseases of infants, in which positions he has labored for a quarter of a century with marked fidelity and success.

*Resolved*, That to his tireless devotion and his long-continued and effective labors in this institution, is to be ascribed much of the advancement that has placed it in the foremost rank of American Medical Schools.

*Resolved*, That it is with keen regret that we consent to a severance of our professional relation with Dr. Gause, in which we have found him a genial and pleasant associate; and as he departs for his new field of labor he will carry with him our earnest wish that his later years may be as prosperous and happy as his earlier life has been useful and honorable.

*Resolved*, That Dr. O. B. Gause be, and is hereby, elected Professor Emeritus of Obstetrics in this College, as a mark of our appreciation of his eminent services in the cause and work of medical education.

The following tribute from the pen of the veteran professor and journalist, of Ann Arbor, Mich., will be warmly appreciated by Dr. Gause's friends, as coming from one so eminently qualified to estimate the public work and the personal worth of the one to whom it is addressed:

## WELL DONE.

TO O. B. GAUSE, M. D.

*By T. P. Wilson, M. D., Ann Arbor, Mich.*

## I.

"Well done." So said the Master to his servant,  
 When, within his hand,  
 He laid the talents, multiplied by thrifty  
 Care of fruitful land,  
 Or safe investment in the marts of traffic,  
 Or, where interest drew  
 Its just returns to him who faithful sought it,  
 And became his due.

"Thou hast been faithful," said the loving Master,  
 "O'er things few and small;  
 And I will make still greater thy possessions;  
 Go thou, rule them all."

Not so, full oft, comes such reward to virtue;  
 Rather, hate and scorn;  
 Nailed to a cross, or wearing crown of martyr,  
 Pierced with a thorn;  
 Or in forgotten grave doomed to lie buried.  
 Happier far is he,  
 Who, patient, sows through toilsome years, and  
 golden  
 Harvests lives to see.

## II.

Such is thy due, O, true and faithful teacher,  
 For thy work is done.

"Well done," the Master saith; and thy reward is  
 Only just begun.

The widening circles round and round thee gather  
 With an outward flow,  
 That reaches to the boundaries of infinitude;  
 And with them, so  
 The measureless results of thy long toiling.  
 This thy true reward.

Ere long our chaplet fades, our praise is silent;  
 And our watch and guard,  
 Perforce give o'er; but age, to age repeating,  
 While it onward rolls,  
 The story of thy noble life unfolding,  
 Shall tell unborn souls.

## OUR SANITARY COAST DEFENCES.

The recent appearance of successive cholera-infected vessels at our commercial gates has excited public health officials and sanitarians generally to a somewhat vigorous investigation of the provision for defence against so dangerous an enemy. Philadelphia, though not as yet called to cope directly with the invader, is yet greatly concerned, and very properly so, lest through some inadvertence or mishap the germs of

an epidemic might elude the New York health authorities and place all the neighboring cities and towns at their mercy. A committee of the Philadelphia local Board of Health has been inquiring as to the efficiency of the New York quarantine. They reported the results of their inquiry as being in the main quite satisfactory as regards location and equipment, and yet within two or three weeks thereafter passengers and baggage collected near, and shipped from, a cholera-infected port found their way into New York and traveled thence westward nearly a thousand miles across a defenceless territory. It was thus demonstrated that the best located and the best equipped quarantine station is worthless as a sanitary safeguard, unless supplemented by well-devised regulations and discreet and determined officials.

But another danger equally imminent is being brought to public attention in the light of recent events. Dr. Benjamin Lee, the energetic secretary of the Pennsylvania State Board of Health, has invited the attention of the health authorities of Philadelphia to the fact that while we are concerning ourselves about the efficiency of the sanitary defences of New York harbor, our own quarantine station is so badly located, and so inadequately equipped and maintained as to be practically helpless in the presence of such a peril as that which recently menaced New York. "Cholera at Tinnicum," says Dr. Lee in his letter, "means cholera in Chester, and cholera in Philadelphia," and he might have added, "cholera along the lines of her vast railway systems."

The Philadelphia County (Allopathic) Medical Society, following up the suggestions of Secretary Lee, has examined the quarantine stations of this city and Baltimore, and their report condemns both as being utterly inadequate to pre-



vent a cholera invasion. A similar condition of affairs probably exists at numerous other exposed points on our coast.

It does not seem either wise or just for a vast nation to place upon a few sea-board cities the duty and responsibility of defending its whole domain against a foreign pestilence. The entire nation suffers from its successful invasion, or profits from its efficient exclusion. Why then should not the National Government undertake the important task of erecting and managing a sanitary bulwark of our entire coast-line? Ohio and Illinois, Iowa and Tennessee, have as deep an interest in the subject as New York and Massachusetts, as Pennsylvania and Louisiana; and they have an equal right to determine and enforce protective regulations at the gateways of our maritime commerce. A national quarantine system need not, and would not, debar any city or state from establishing and maintaining such additional defences as it might deem necessary for its own special protection; but the paramount duty of keeping a foreign pestilence from entering our domain devolves properly, not upon relatively small commercial communities, but upon the entire country.

#### ST. CLAIR AND SAN FRANCISCO.

Below we give another interesting letter from our Business Editor respecting his observations made on his summer tour to the great northwest:

OAKLAND HOTEL, ST. CLAIR RIVER.

MICHIGAN, Sept. 16th, 1887.

*My Dear Colleague :*

Since I last wrote you I have enjoyed a cosmopolitan sort of a summer tour from the Atlantic to the Pacific, through British possessions and to and from the midst of arctic snow-peaks and Alaskan Glaciers, and southward to tropical gardens and floral adornments of the

soil at San Diego and Coronado Beach, California, where I had many a stroll in orange groves and grape-clustered vineyards and fruit orchards, burdened with luscious edibles. After this and a long and almost transcontinental homeward ride, I find myself snugly fixed at this Michigan resort.

I have likewise, enjoyed many a medical chat and hand-shaking out in the far, far west, both north and south.

If you will remember Dr. J. W. Dowling's allusion at the last meeting of the American Institute, to the R. R. map of this much discussed place, the centre of Dr. H. C. Allen's railroad spider-web map, as Dr. Dowling called it, you will know just where I am, but without any spider in the web but myself.

Taking the steamer at Detroit at 8.30 A. M., after a sail of fifty miles to the northeast, I was landed here at 1 P. M. on the pier at the foot of the green sward lawn of the Oakland Hotel, after a delightful ride up the Detroit river through lake St. Clair, and then on among the low lands or moors or "flats," as they are here called, and onward over the St. Clair river to this destination, hungry for both dinner and information.

The former I investigated with perfect satisfaction in first-class style, in a neat, plain, tidy dining-room that will accommodate about half as many as the Grand Union at Saratoga. The hotel is not nearly so large as the one at Lake Minnetonka, although I like the location and surroundings equally well. You can look right across the river to a foreign town on Canadian soil, and from the long front porch up and down over the St. Clair waters the views are charming.

I asked the clerk at the office desk how many the hotel could accommodate, and he said about 300.

At the southern end of the hotel

porch, along which I wandered on an observing promenade, I entered a sanitarium to which invalids resort at all seasons of the year, but more especially in the summer, to partake of the medicinal and electric baths, which are here afforded.

The water is obtained from a mineral spring near that portion of the building. I went in and found it well fitted up with bath-tubs for various kinds of baths, resting rooms and parlors.

The sleeping rooms here, as well as in the hotel proper, are neat and comfortable, and presented a very inviting appearance.

Then I went to the ground floor, which is on a level with the hotel lawn, and here I was shown the bottling department, where the mineral water from another spring was being bottled for table and exportation use. Carbonic acid gas, from large copper cylinders, was being forced into strong bottles filled with the mineral water. I tasted the water and found it infinitely more palatable than the Congress water at Saratoga; but as I believe in good *pure* water, and thoroughly standard pharmaceutical preparations, the presence of a mineral water drinking or bathing establishment would be no temptation to me, or probably ninety-nine one hundredths of the members of the Institute as a recommendation for a meeting place or health resort.

The hotel is about as large as the one at Deer Park, and has one detached building some distance from the main structure for a bowling alley, and at a pleasantly located spot in the extensive grounds there is a nice one-story building, called "The Villa," with a porch all around it. This is set apart for guests, with first-class sleeping rooms, and is far enough off to be away from the din of hotel life. This I regarded as a great improvement over the old method of summer hotels of compelling

guests who desire quiet and rest to remain in the one building, no matter how noisy the corridors or porches might be, either night or day. It is the equivalent of detached cottage life at West End, Long Branch, and other places.

There was a cheerful fire burning in the open chimney grate of the capacious office room, but the guests were very few, owing to the lateness of the season, many leaving here about the first of September, just as they do from more eastern watering places. Near the hotel is the old town of Palmer, now called St. Clair, with a population of a thousand or two, and located on the St. Clair river.

I noticed one peculiar feature of the *flats* or lowlands, as I came up the river, and that was, that right in the midst of these low areas of water-soaked land wealthy people had located and erected some fine summer residences. These are splendid gunning and fishing grounds, and club-houses or hotels now cater to the tastes of gunning and fishing parties, and some people live here with their families in warm weather, hence these fine residences are seen dotted all among these swamps. In some places the lands are high enough above the water-line to enable farms to be laid out and profitably worked.

It looked to me like "a very hot-bed" of malarial fevers, but sportsmen in great numbers hie away to these places and spend part of their autumnal or summer rest in boating around and among these lowlands in comfort, and, I learn, with comparative immunity from the severe forms of disease usually engendered in more southern lowlands. About 4 P. M., I will take the train from near the hotel, and run down a branch road some miles to the Grand Trunk Railroad, where our car will be attached to an express train, and in about three hours will be due in Detroit.



At some future time I may describe the hearty welcome the "business manager" received at the hands of the members of the profession in San Francisco, and especially the warm and hearty greeting that our mutual friend, Prof. Samuel Lilienthal, M. D., unostentatiously gave me.

I find him quietly at work on the second edition of his *Therapeutics*. He intends to make it a most exhaustive and thorough treatise, and judging from his "sanctum" and the numerous volumes, and authorities he had on his shelves and about his desks, and from the MS. pages already prepared, which I had the pleasure of examining, there can be no doubt of the success of his undertaking. He is most pleasantly situated at San Rafael, where he enjoys his summer rest, in the magnificent residence of a member of the world-renowned Alaska Commercial Company. He goes to San Francisco on his lecture days, and faithfully attends to his college duties. I was much pleased with the college, and although the building is not commodious, yet it suits for a young institution. The Homœopathic Fraternity of the Pacific Coast, I think, has started out well in its educational organization, and from the appearance of the class, composed of both ladies and gentlemen, I am sure that the best material exists in this college, as well as on this coast for first-class Homœopathic practitioners. On my way west, I obtained good reports of the progress of the Homœopathic institutions in Chicago and Minneapolis, and as I pass homeward through Cleveland, Ohio, I propose to wander through and examine its beautiful and well-constructed hospital which Dr. D. H. Beckwith, some years ago, had built on paper and showed to the Institute at one of its annual sessions. It isn't a "paper" hospital now.

Wishing that you and every one of

our readers could have accompanied me to the glorious old snow-capped mountains and over the meandering water ways of Alaska, with as much enjoyment as I have had there, I am

Yours homeward,

BUSHROD W. JAMES.

#### AIKEN AS A HEALTH RESORT.

It will interest our readers to learn that Professor O. B. Gause, M. D., has removed from Philadelphia to Aiken, South Carolina, and will make that place his permanent home. Dr. Gause has been induced to take this step largely in the interest of the health of his son, Percy O. B. Gause, M. D., a previous brief sojourn having demonstrated, in his case, the health-restoring powers of the delightful climate of that widely known resort.

One of the strongest objections to sending patients away from home for climatic benefit is the difficulty, sometimes encountered, of obtaining the services of a skilful and reliable physician during the proposed sojourn. It is gratifying to know that Dr. Gause's residence removes that objection with reference to Aiken, quite effectually. Not only the visitors from the North, but the permanent residents of the place, are to be congratulated that this distinguished physician has made his home among them. In selecting a winter residence for invalids, it is likely that the desire to have them within the reach of Dr. Gause's professional care, will often determine the choice in favor of the above mentioned place.

#### Notes and Comments.

Cause and effect—narrow-toed shoes and ingrowing nails.

Dr. A. I. Sawyer, of Monroe, Mich., has recently recovered from a severe attack of typhoid fever.

Farrington's *Lectures on Materia Medica* sells like hot cakes.

An unguent for ingrowing nails, given by the *Therapeutic Gazette*, is composed of *acidi carbolici*, gr. v; *acidi tannici*, 3 ss; *adipis* 3 j. Apply four times daily.

In Germany, the average longevity of the Jews is far above that of the Christian population. In Furth and in Frankfort, the difference is about eleven years.

It is estimated that twenty-four hundred million cigarettes were consumed in the United States last year. The most baneful effects of their use is seen in the mental debility and physical incapacity of growing boys and young men.

The Hahnemannian Institute—the old and well-known organization of students of the Philadelphia College—has provided for a course of “Institute Lectures,” the first of which will be delivered by Professor Goodno, on Wednesday, Nov. 9, 1887. Physicians and students are invited.

Drs. Comstock, of St. Louis, and Ludlam, of Chicago, were accepted as members of the International Medical Congress.—Dr. Geo. S. Norton, of New York, read a paper before the congress, which was discussed by Galezowski, the leading French ophthalmologist and others. And this after the two years war about the new code!

The International Medical Congress is a thing of the past, but it has left behind it a deal of bad blood between the fighting factions, neither of which seems to have conducted itself very discreetly. The *Southern California Practitioner*, sensibly suggests that “now that the Congress is over, it would be a good idea for both sides to acknowledge defeat and declare peace.”

Mr. John F. Smith, of the firm of McKellar, Smiths, Jordan & Co., type founders of Philadelphia, has given \$25,000 for the purpose of purchasing a steamer to carry invalid children from the city to the Sanitarium at Red Bank, a few miles south of Camden, N. J. Mr. Smith is known as a liberal and judicious donor to numerous hospitals in Philadelphia, homœopathic and allopathic.

The *Medical Institute*—our college contemporary, comes out with a handsome new title page, designed by Miss Marie Rodes. To its general and wide-awake corps of student editors its pale-blue color is not at all prophetic. May its shadow grow larger. It is crisp and spicy, as a college journal ought to be. Alumni and all others interested in the college should send a dollar—we mean *each* of them—to S. B. Smith, at the college, Broad street above Race, Philadelphia, for an annual subscription.

## New Publications.

A. CLINICAL MATERIA MEDICA. Being a Course of Lectures delivered at the Hahnemann Medical College of Philadelphia, by the late E. A. Farrington, M.D. Reported phonographically and Edited with the Assistance of the Author's Manuscript, by Clarence Bartlett, M.D., and Revised by S. Lilienthal, M.D. With a Memorial Sketch of the Author, by Aug. Korndoerfer, M. D. Philadelphia: Sherman & Co., Publishers, 1887. Octavo; pp. 752. Price: Cloth, \$6.00; Half-morocco, \$7.00.

Whatever may be the advantages possessed by the earlier modes of teaching and studying the *Materia Medica*, no one can deny that with the advent of Professor Farrington, the subject acquired a new interest, and what had till then been a mass of dry and “undifferentiated” details, became invested with a beauty and symmetry almost fascinating to the student. The symptoms of a drug were seen to possess significance, and their expression became language. To-day it is not enough to *know* the symptoms of a drug; we must *understand* their pathological significance just as well as we comprehend that of a disease symptom; not enough to know that certain symptoms are present in a drug pathogenesis; we must know their arrangement and relation, one to another; not enough that we can recount them from memory, like so many parrots; we need to study them as physiologists and pathologists. As Dr. Farrington himself expressed it—“You must acknowledge that *Materia Medica* is the most important of all the branches” (of a medical education, but) “you cannot understand it unless you



have a thorough knowledge of all the others. You must learn symptoms and not mere words, and you cannot put any idea into them until you know their meaning; and unless you can interpret symptoms, you can never learn the genus of a drug."

Dr. Farrington's method of study and of instruction partook largely of this idea. It was, therefore, in a high degree practical. As we read his lectures we irresistably call up to memory the experiences and observations, the difficulties and, perhaps, the mistakes that we have met with in the chamber of sickness. We forget that we are studying drug-pictures, and fancy ourselves in the presence of the patient. Throughout the work we are never left with a mere word-picture of the drug-effects, but are carried into the sick-room or the hospital-ward, where we listen to the *drug-talk* in the language of disease. What happy thought induced the adoption of the title, "A Clinical Materia Medica," we do not know. Certainly it is most fitting.

"The author's style," as we are told in the preface, "has been closely followed. The lectures are presented exactly as delivered, save where a change was suggested by his manuscript or by his published writings." It thus appears that no attempt has been made to include between the covers a more or less complete Materia Medica. The author tried no such impossible experiment in his lectures, nor did he consider it at all expedient even had it been possible.

It is interesting to note the quiet, but effective way, in which Dr. Farrington answers some of his critics. In his introductory lecture he alludes to them as follows, while speaking of the mode by which the homœopathic properties of drugs are ascertained:

"What you want to know is exactly what this medicine will do. What would you think of a physician who does not know the use of the tools he is about to employ? You now intend to try the effect of this drug upon some healthy person or persons. Will it produce alterations in the function or the nutrition of the body, or of its organs? If so, a symptom or symptoms will be the result. Symptoms then are indications of alterations in the functions or the nutrition of a part, or of parts, of

the body. I have been accused of stepping down from the lofty heights of pure homœopathy and dressing myself in physiological livery. The statement made against me is, that we cannot know what changes are taking place except through symptoms, therefore, if one begins to talk about altered tissue, he at once pollutes homœopathy. This is true, and it is false. It is true if you take this altered tissue alone. It is not true if you regard this altered tissue as a manifestation of the change in the vital force. I cannot see how there can be a symptom which is not the result, of at least a change of function. I do not mean that you must give bryonia, because it acts on serous membranes; aconite, because it produces dry skin, heat, etc.; belladonna, because it produces hyperæmia of the brain and dilatation of the pupil; but I do say that these drugs produce these effects, and if these effects are not alterations in function, what are they? \* \* \*

"We include all the symptoms that we can observe. Then what have we? A mass of symptoms seeming to have no connection at all. They come from a human organism that is all order and perfection, and all the parts of which work in perfect harmony. When even one of these parts is out of order, there must be a certain clue to string these effects together and picture a form of disease, and when you get this form of disease, what have you? A pathological state. (I hope that no diploma will be granted to any man in this class who does not study pathology.) When you have the changes *in toto* that this substance has made on the system, you have the pathology of the case, you have the totality of the effects in the system. This *grand* effect of the drug must be in the mind always, qualifying the individual symptoms of the drug. You may express this as you choose. Some call it the '*genus*' of the drug; others speak of it as the '*general action*' of the drug. This you must have in your mind or the other symptoms are worthless. Did you not do this you would be a mere symptomist, certainly a term of reproach. You must know what the whole drug does, or you are not able to appreciate any one part of the drug. You can find twenty drugs with precisely the same symptoms. How will you decide between them?

Apparently they are all alike, yet they are not alike in the 'general action'. How is this general action found? By the study of the drug as a whole. But here is a place where physicians go too precipitately. They say that as belladonna produces a picture of scarlatina, and as arsenicum produces a picture of cholera Asiatica, even unto the growths found in the excrement, therefore these substances must be the remedies for those respective diseases."

Dr. Farrington has thus shown the necessity for a philosophical study of drug action, supplementary to the mere memorizing of drug-symptoms—or rather, the memorizing of somebody's mode of describing them. Yet he has carefully guarded his students against the liability of employing remedies with sole reference to such typical groups of symptoms as are designated by certain names. His position in these particulars is defined very distinctly, and his logic seems irrefragable, though we have not quoted his argument entire.

The author classifies his drugs "according to their natural relations," just as most of our modern teachers are doing. He does this, he says, "for convenience of study." As one considers the very striking resemblance and other relationships between drugs from any one Species, any one Order, or, indeed, any one Kingdom, he can scarcely avoid the conviction that this mode of study is more than a mere convenience, it seems almost, if not quite a necessity. Taking the animal kingdom first in order, he shows the general distinctions in the properties of its various orders, with some remarks in relation to their general mode of action. Lecture III begins the study of the Ophidia, during which study Lachesis is held up as the type of the group. This representative drug is first subjected to a careful consideration—not a re-hash of its multitudinous symptoms, but a critical and philosophical discussion of them in their physiological and therapeutic relations. Our readers have seen in THE HAHNEMANNIAN the author's "Studies" in reference to this remedy and its correlatives, and from it will be able to form a quite correct idea of his mode of presenting the subject to his classes. The Arachnida, or (six) spider poisons, come next for consideration, followed by a single lecture on Cantharis.

Among the Hymenoptera apis forms the type with which the remaining members of the group are compared. Then comes Moschus and Sepia, and this portion of the work closes with two lectures on "Nosodes," the substances specially studied being Psorinum and Ambra grisea. In this connection Dr. Farrington is careful to impress the difference between the isopathic and the homoeopathic mode of selection, and insists that the nosodes are useful to the homoeopathic practitioner only as he possesses a knowledge of their effects upon healthy people, and applies them on the principle of similars. In close connection with the animal nosodes a lecture on Secale Cornutum intervenes before the vegetable kingdom is taken up for study.

In the study of the vegetable kingdom the same general plan is pursued, save that here and there, single drugs are taken up for study without special regard to their botanical relations, particularly when their special properties seem to require more extended and thorough consideration. Thus gelsemium and nux vomica have each their special place, even aside from the botanical group in which they are found; and the same is true of several other of our most frequently employed remedies. The comparisons instituted are not restricted to the members of a group except, perhaps, in the first instance, to more strongly impress the genus of the drug, or of the group of drugs, upon the understanding and memory. Other remedies are then brought in for comparison, particularly when the more delicate therapeutic differences and similarities are being discussed.

Drugs derived from the mineral kingdom are classified first with reference to their electro-positive and electro-negative qualities. The author also alludes to the fact that certain mineral substances having chemical similarities also exhibit likenesses in their pathogenetic and therapeutic effects; and important aid is derived from this circumstance in pursuing the study. Perhaps the halogens furnish the most striking illustration of this principle, but the carbons, the acids, and others, also form well-marked physiological groupings. The various salts, formed from a single base, are also similarly studied here, as is the custom among



both homœopathic and allopathic authorities.

Perhaps one of the most unusual circumstances in connection with Farrington's mode of instruction, is the evident freedom and indifference with which he, for a time, abandons his well-defined arrangements or classifications of his drugs, in order to trace out some special property having no apparent relation to the genus or general action, either of the group or of the individual drug. Evidently he proposed that his plan or method should be a help, but not a master.

Throughout the work the major portion of the "comparisons" bear direct reference to the therapeutic application of the drugs under consideration. This it is which will make the work so valuable as an every-day companion to the prescriber. Thus on referring to any drug in its relation to any given disease, the physician will see much more than the mere mechanically-framed "symptom." He will find also instructive reference to other symptoms likely to be present in the case, and other remedies likely to be indicated. This work of reference will be wonderfully facilitated by the very complete "Therapeutic Index," which occupies some fifty pages at the end of the volume. The comprehensive scope of the lectures is sufficiently indicated by the statement that the comparisons include references to about four hundred and thirty-five drugs, and the *Clinical Indications* number over five thousand. — D.

#### THE PRINCIPLES OF ANTISEPTIC METHODS, APPLIED TO OBSTETRIC PRACTICE.

By Dr. Paul Bar, Accoucheur to the Maternity Hospital, Paris, Etc. Translated by Henry D. Fry, M. D., Philadelphia: P. Blakiston Son & Co., 1887.

In this work, Dr. Bar has collated the results of the employment of antiseptic methods in many of the principal Hospitals of Europe, and described in detail, their application during and subsequent to parturition.

Attention is first directed to the role played by the germs, in the development of puerperal septicæmia. The author, admitting only the existence of hetero-infection—infection from without—and not beliving a woman capable of infecting herself (auto-infection),

traces puerperal septicæmia to germ origin. "Puerperal infection is contagious, and the contagium is an element possessing definite form and body, having as vehicles, it may be, various solid bodies, which may be brought in contact with the wounds of the puerperal woman." All will admit that puerperal infection is possible in every case of childbirth; hence too much care cannot be taken to place puerperal cases in perfectly aseptic surroundings. In this work we have an opportunity to study the procedures which have improved the sanitary condition of maternities to such an extent that the mortality has been diminished to that experienced amongst those who are delivered at their own homes. In 1863, the mortality reached 13.79 per cent. in the Paris Maternity, and 20.3 per cent. in 1864. In 1882 and 1883 it had reached as low as 1.16 and 1.17 per cent. respectively. In Prague, in 1872, it reached 7.01 per cent., and in 1873 it was 7.67 per cent., whilst in 1881, it dropped to 0, and in 1882 it was but 0.56 per cent., all evincing the value of the improved methods instituted in these institutions. Minute information is given respecting the methods employed to disinfect furniture, rooms, and bedding, and the chapter which treats of the relative value of the various antiseptic agents is in itself worth the price of the work to the general practitioner.

He who reads the chapter on "Antisepsis during Labor" must learn the importance of cleanliness in the management of his obstetrical cases, and the conservative recommendations contained in the chapter on "Antisepsis during the Puerperium," must meet the approval of every right minded physician.

Vaginal injections in cases in which labor is completed naturally, and the placenta has come away spontaneously, are not deemed necessary, so long as the woman is doing well. And although special methods are recommended for each condition mentioned as liable to occur during parturition, the general conclusions arrived at from reading this work are as follows, viz:

"So long as bad symptoms have not appeared we will be doing the best for our patients by contenting ourselves with the employment of vulvar washes. If the lochia becomes fetid we will have recourse to vaginal injections. From

the first symptom of infection—chill or high fever—we will practice intra-uterine injections.”

The author rebukes meddlesome antiseptic midwifery, when he says “the antiseptic method does not consist in wishing to interfere in every case. In obstetrics, as in surgery, we ought never to obey any but precise indications. When during the lying-in everything is satisfactory, the indication is, to abstain from making repeated vaginal injections, and particularly from those intra-uterine injections that certain writers consider prophylactic but which, made indiscriminately, directly oppose the object we seek to attain. It is always dangerous to introduce into the uterine cavity a catheter that has traversed the canal of the vagina, and which, in spite of every precaution, can wipe from its walls germs or suspicious fluids.”

“But when there exists certain indications of puerperal infection, well developed, that method which we hesitated before to employ, on account of its inherent dangers, becomes an heroic measure,” to which many physicians are eager to have recourse.

Directions for the administration of intra-uterine injections are given and the unpleasant symptoms sometimes induced are explained.

“Antisepsis in Catheterization” is an important subject ably handled, for cystitis is too often induced by the careless use of the catheter in obstetric and gynecological practice. The antiseptic method in rupture of the uterus, in the Cesarean operation, and antisepsis to the umbilical cord of the newborn, are subjects treated of in separate chapters. When there is an honest difference of opinion respecting the necessity for certain methods of practice adopted by prominent obstetricians, the author pursues an argumentative course, and, whilst he holds to certain opinions strongly, he is always willing to discuss both sides of the question under consideration.

The work is one that will be valuable to the surgeon and general practitioner as well as the specialist in obstetrics. That it will be the means of directing attention to the importance of asepsis during parturition, as well as the necessity for antiseptic treatment in certain complications involving the puerperal

patient in great danger, no one will doubt, and for such work so ably performed, one feels like thanking Dr. Bar especially, and the able translator, Dr. Fry.

B. F. B.

HOW TO STUDY MATERIA MEDICA. Three Lectures by C. Wesselhoeft, M. D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston: Otis Clapp & Son, 1887.

Dr. Wesselhoeft's lectures on the above subject were published originally in the *New England Medical Gazette*. The subject-matter has been carefully revised and reprinted in the present neat pamphlet of 27 pages. Professor Wesselhoeft brings to his topic the same clear and convincing logic that characterizes all his literary work. It was designed for college students, but could be read, and its suggestions followed with profit, by those who may have been long engaged in the practice of their profession.

WINTERING ABROAD. By Dr. Alfred Drysdale, of Cannes. Second Edition. London: J. S. Virtue Co., Limited, 26 Ivy Lane, Paternoster Row, 1887. pp. 63.

This little pocket edition on the subject indicated by its title, corresponds with views we have held for years in regard to invalids taking long voyages to foreign countries, and which we freely expressed in a lecture in the preliminary course, at the Hahnemann Medical College of Philadelphia, on “*Climate in its Relation to Health*.” Dr. Drysdale says, in speaking of consumptive cases in the incipient stage in young adults:—“This class I place foremost because it is, though not the most numerous, the one in which the stake is greatest, for an error of judgment, either that of not sending the patient in time or of sending him to the wrong place, will involve his life.”

He regards climate as a remedy only. He does not approve of voyaging for sick consumptives, and speaks of the sea-sickness and the ship's noises, such as the tramping and bellowing of the crew on deck when you desire to sleep, the creaking of the cordage when there is wind blowing, the banging and rattling of furniture about the vessel, the



commotion of shifting of the sails, and, in stormy nights, the loud dash of the waves against the ship and the pandemonium of noises within, and he even thinks of the close, impure air of the state-room or saloon, in which we know that at least half of one's time or more has to be spent while on shipboard. He also puts in his plea against his countrymen in Europe crossing the ocean for climate. We likewise urge, in as strong or even more emphatic terms, Americans not to leave their own continent, where every shade of climate exists suitable for invalids, and where newer and more sanitary hotels can be found than old ones erected probably a century or two ago. In foreign lands, except English-speaking countries, patients will not be surrounded by people whose tastes and customs and language will be thoroughly agreeable, as they would be in their own country, and where, at these foreign resorts, the great disadvantage will exist of a long intervening distance between the patient and his relations and sympathizing friends, to say nothing of the difficulty and annoyance in a foreign-speaking land, in case of sudden attacks or aggravation of symptoms, of the attendant, or patient even, fully comprehending the medical directions or conveying fully all one's symptoms to the physician in a foreign language.

He briefly hints at the suitableness of a number of places in Europe, mostly those along the *Riviera*. B. W. J.

**A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES.** By E. Darwin Hudson, Jr., A.M., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Company.

The author having been a teacher in a Polyclinic, naturally desired to eliminate the essential diagnostic points in thoracic affections and note them down for use in the lecture room, as well as to make all the requisite distinctions clearly understood to his classes. By a constant elaboration of these special differential points, the material for the present volume grew and was in the printer's hands when he died. The book is concise and embodies not only

his own observations and experiences, but also the collated opinions of the best authors.

**ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA.** By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. New York: William Wood & Company.

In this work the aim has been to select material that would tend to improve the treatment of the diseases considered, and, from special observation, separate clearly doubtful from established old-school methods of treatment. He has added to former editions gonorrhoeal affections of the spinal cord sheath, and of the dura mater, the heart and pericardium, peritoneum, and pleura, as well as chapters on gonorrhoeal pyæmia, pyelitis, etc. In spermatorrhœa, as well as in impotency, he urges the aid of chastity and suitable diet. He thinks that impotency should be treated at once and early, and where found present in youth, never to neglect its treatment. That while the patient is young it is his special and best season for cure and restoration. The history and pathology of gonorrhœa are very interesting and instructive chapters.

**THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.** By C. Hering, M.D. Published by the Estate of Constantine Hering.

The fifth volume of this grand master-work of *Materia Medica* is now before the profession. In it we find remedies from Cundurango to *Helonias dioica*. Each bears the impress of the work of Hering's own hand. Those of us who had the good fortune to have access to his *Materia Medica* sanctum, well remember the shelves full of literature devoted exclusively to this his favorite subject. Each remedy had its place. Many of the remedies having hundreds of pages of printed matter gathered together from observers all over the world. All having been scanned by his critical eye, and some severely scored by his critical pen. He spared none on account of friendly relationship to the author. Every cure reported in our journal literature, or received by him through letter, or by word of mouth, was

carefully noted and given place upon those treasure shelves.

These were not always marked with tokens of acceptance as some have supposed; on the contrary, many such clinical reports received double marks of interrogation.

Hering rarely thought anyone wicked enough to wilfully report him an untruth, and therefore accepted each and every report as coming from honestly intentioned observers; yet he doubted the accuracy of many such observations and never employed for publication any save those which gave to his mind undoubted evidence of correctness. Whatever we may think of the arrangement of the recorded symptoms, the fact remains patent, that a record of this character is of inestimable value to the busy practitioner.

The order of arrangement of the cured symptoms matters little in our present state of knowledge of the dynamic conditions in pathological states, and it would be worse than useless to attempt to give every actual combination of symptoms for which a given drug might prove homœopathically indicated, indeed that were therapeutics rather than *materia medica*; therefore we feel doubly willing to give hearty approval to Hering's modification of the old Hahnemannian schema.

A very large sale of this work may be confidently anticipated, as every advanced practitioner of the homœopathic school will feel the need of just such a reference work close by his prescribing table.

We are glad to learn that the work is being published in the interest of Mrs. Hering.

AUG. KORNDORFER.

## Gleanings.

### The Pupil in its Semiological Aspects.

In a very valuable and interesting paper on the above subject, Dr. Wm. MacEwen concludes as follows:

When investigating the cause of a given pupillary state, this should be done in a methodical manner, examining the various sources controlling pupillary movements, and eliminating those which do not apply. The examination ought to be conducted by an-

swering, *seriatim*, the following questions:

1. Is the pupillary condition due to the local or constitutional action of the drug?

2. Is the state of the pupil dependent upon any local ocular lesion or optical defect (including artificial eyes)?

3. Is it due to any spinal or sympathetic lesion, more especially of the cilio-spinal region and the cervical sympathetic?

4. Is it dependent upon any localized cerebral lesion affecting special brain centres—*i. e.*, *corpora quadrigemina*, *optic thalamus*, or the origin and intracranial course of the second, third, and fifth nerves, especially the third?

5. If due to none of the above, the probability is that it depends upon either a suspension of brain function or to some cerebral "irritation," in either case inducing vascular changes in the encephalon and iris.

The following points, among others, may be formulated from the foregoing:

(a) 1. When the function of the brain is in abeyance, the pupils are in a state of *stabile mydriasis*.

2. This may arise either from temporary suspension or from abolition of function.

3. Temporary suspension is illustrated by shock, and the effect of some poisons; while the abolition of function is exemplified by extensive laceration and compression of the brain.

(b) 4. When the function of the brain is interfered with by conditions usually included under the term "irritation," the pupils are in a state of *myosis*; sometimes *labile*, but generally *stabile myosis*.

5. This "irritation" or interruption of function may be seen during certain degrees of cerebral *anæmia*, produced experimentally, and not as a pathological result; certain amounts of brain pressure, and certain stages of intracranial inflammation.

6. These are illustrated in persons who have suddenly lost a considerable quantity of blood (about a fifth of the whole); in the growth of intracranial tumors and the formation of sanguinolent, serous, and purulent effusions, when the degree of pressure may be denominated as "medium," and at certain periods of meningitis and encephalitis.

(c) 7. The same pathological factors



which cause myosis may also cause mydriasis, the degree in which these factors are present being the determining point between the former and the latter, and not merely the particular locus in the brain.

8. It is well illustrated by cases where the hemorrhage is repeated and is finally pushed to syncope; in intracranial pressure, which is gradually increased until it becomes great, such as arises from tumors, blood clots and inflammatory products.

(d.) 9. When the function of one-half of the cerebrum is placed in abeyance by a superficial or cortical lesion, the pupil on the same side as the lesion is in a state of stabile mydriasis.

10. This is well illustrated in cases of intracranial sanguinolent effusion consequent on injury.

(e.) 11. When the function of one-half of the cerebrum is interfered with by some source of cortical irritation, the pupil on the corresponding side to the lesion is in a state of myosis.

12. This is illustrated by traumatic and pathological lesions affecting the cortex of the cerebrum.

(f.) 13. Hemorrhage into the pons varolii when small, causes strongly contracted pupils; but when it is more extensive, involving the gray matter beneath the aqueduct of Sylvius, a state of stabile mydriasis is induced.

14. Effusions into the lateral ventricles when small, produce contraction of the pupils, but when the effusion is great, stabile mydriasis ensues.

15. Inequality of the pupils indicates a unilateral lesion or lesions.

16. When the lesion is cortical and unilateral, the pupillary manifestations are on the corresponding side. When the basal nerves are affected unilaterally, the pupillary effects are manifested on the same side as the lesion. When the lesion is unilateral and affects the function of the white fibres of the cerebrum, the opposite pupil is generally affected. When the basal ganglia are implicated unilaterally, the pupil is sometimes affected on the same side as the lesion, occasionally on the other side. In a case of cholesteatoma and in another of glioma of the right optic thalamus, dilatation of the left pupil was found. In lesions of the cerebral peduncles, the pupil is affected on the same side as the lesion. Lesions in the corpora quadri-

gemina affect both pupils, irritation causing contraction, destruction causing dilatation and immobility. Section or destruction of one optic tract causes dilatation of the opposite pupil and blindness of the opposite eye.

17. Irritation of the cord, especially of the cilio-spinal axis, produces dilatation of the pupils while destruction of the cord causes contraction. These effects are generally seen in both pupils, though experimentally, at least, they may be confined to the same side as the lesion.

18. The pupils are affected in the same way by lesions of the sympathetic, though in unilateral lesions it is only the pupil on the same side as the lesion which is affected.

19. Speaking generally, when myosis is due to a cerebral cause, it indicates the earlier stages of various affections; when due to a most serious paralysis, often the destruction of the part. When mydriasis arises from a cerebral lesion, it is generally present in large amount; when due to a spinal affection, it indicates irritation of the part.

#### MYOSIS OCCURS UNDER THE FOLLOWING CONDITIONS:

1. When a bright light acts upon the retina.

2. Accommodation for a near object.

3. Rotation of the eyeball inward.

4. Local irritation or painful affections of the eyeball.

5. Irritation of the oculo-motor nerve.

6. Paralysis of the sympathetic roots of the lenticular ganglion or the trunk of the sympathetic in the neck. In paralysis of the fifth, there is myosis and inflammation passing on to destruction of the eyeball.

7. Paralysis of the ciliospinal region of the spinal cord. All affections which destroy the cervical spinal marrow and intercept its conductivity produce congestion of the face and contraction of the pupils. In neuroses, which suspend or diminish the tone of the sympathetic or spinal axis.

8. Encephalic congestion, such as; obstacle to return of blood in the jugulars: venous congestion due to cardiac causes; active hyperemia, plethora, fevers, pneumonia, hepatitis, etc.; when an animal is suspended by the heels; in early stages of meningitis and encephalitis; in acute mania with marked activity

of the cerebral circulation; in chronic mania, the pupils are variable; when contracted they are said to indicate supervention of paralytic dementia.

9. During sleep; some believe this to be due to the congestion of the cerebral vessels and those of the iris (Mosso); others, to the inward rotation of the eyeball.

10. In the early stages of cerebral tumor.

11. In small hemorrhages into the cerebellum. In irritation of the cerebellum, contraction of the pupil on same side as lesion ensues.

12. Electrical stimulation of the angular gyrus frequently causes contraction of the pupil.

13. During forced expiration, when the eye is at the same time passive. Also generally seen during the period of apnoea in Cheyne-Stokes respiration.

14. Convulsions arising from meningo-encephalitis are said to be accompanied by myosis, while in convulsions due to epilepsy and in epileptiform fits, they are usually accompanied by mydriasis.

15. When the eye contracts on accommodation to a near object, yet does not contract to light, this indicates a lesion situated between the corpora quadrigemina and the oculomotorius. This affection is known as the Argyll-Robertson symptom. It is seen in locomotor ataxia and occurs in the progressive paralysis of the insane.

16. During uremic coma.

17. Myotics; physostigmine, nicotine, pilocarpine, morphine, muscarine.

MYDRIASIS OCCURS UNDER THE FOLLOWING CONDITIONS:

1. In darkness or in subdued light.  
2. Accommodation for distant objects.

3. Rotation of the eyeball outward.

4. In forced movements discharged from the medulla, vomiting, swallowing, chewing, forced respiration.

5. Paralysis of the oculo-motor (accompanied or not by immobility of eyeball, external strabismus, diplopia, etc.).

6. Destruction of the optic tract (*amaurosis*). When unilateral, associated movements continue.

7. Irritation of the sympathetic; powerful impressions on sensory nerves; strong moral emotions, mental pain, grief, fear; neuralgia of the fifth nerve.

8. Irritation of the spinal cord, especially of the cilio-spinal region.

9. Encephalic anæmia. In all cases where there is reflex contraction of the vessels of the head; when loss of blood from the body is excessive; obstruction of the carotid arteries; in thrombosis of brain sinuses; dilatation of mesenteric vessels when extreme; syncope, intense cold, rigors; dyscrasias of the blood, convalescence, cachectic conditions; asphyxia, epilepsy, in certain stages of these affections.

10. Pressure of cerebrum when great in amount, as from hemorrhage, neoplasms, etc. In the last stages of meningo-encephalitis.

11. In the cerebral softening; in acute dementia (*oedema of cortex cerebri*) observers state that the pupils are invariably dilated. (Hutchinson.)

12. In idiots the pupils are generally dilated.

13. During deep inspiration, generally in respiratory period of Cheyne-Stokes breathing.

14. Hemorrhage into centrum ovale and into cerebral peduncles.

15. Ferrier produced dilatation of opposite pupil by destructive lesion of the optic tract in the thalamus, indicative of rupture of the centripetal fibres to the irido-motor nucleus in the floor of the Sylvian aqueduct.

16. In hydrophobia there is mydriasis.

17. Mydriatics; atropine, homatropine, duboisine, daturine, hyoscyamine.

Curare injected subcutaneously in animals, (five to ten centigrammes,) induces in one or two hours complete paralysis of the third nerve.

THE EFFECT ON THE PUPIL OF LOCAL CONDITIONS OF THE EYEBALL:

1. Hyperæmia of the iris produces contraction of the pupils, which darkness scarcely diminishes.

2. Presbyopia and hypermetropia cause contraction of the pupils in cases where continuous and excessive strain for near accommodation has been long continued and has produced asthenopia.

3. Pupillary atresia, consequent upon chronic irritation with posterior synechia, producing contraction of the pupil.

4. In synechia total dilatation is impossible, the iris only dilating where free; hence, the pupil is irregular. If



the synechia is annular, the pupil is both contracted and immobile.

5. In microria there is a congenital state of extreme contraction.

6. In glaucoma the pupil is dilated, contracting little or not at all to the action of calabar bean.

7. In coloboma, both in the congenital form and after iridectomy, there are irregularity and immobility of the pupil.

8. In idiopathic mydriasis there is little contraction to the action of light or to myotics.

9. In certain cases of amblyopia and amaurosis there is dilatation of the pupil.

10. In hippus pupillæ there are alternate contraction and dilatation often accompanied by nystagmus.

11. Inequality of the pupils exists in some who have different degrees of refraction in the two eyes, one being emmetropic and the other myopic.—*American Journal of the Medical Sciences*, July, 1887.

#### Stenocarpine—A New Local Anæsthetic.

The physiological actions of stenocarpine have been carefully studied by Drs. Claiborne and Knapp, of New York. Their conclusions agree closely for the most part. A two per cent. solution with which Dr. Claiborne was supplied, was employed by both experimenters. Stenocarpine acts as an analgesic and anæsthetic when applied in solution to the mucous membranes at any point. Dr. Claiborne asserts that it has the same influence on the sensibility of the skin; but Dr. Knapp did not find it so, although his failure may be attributed to the small quantity of the alkaloid with which he operated. Injected beneath the skin, an anæsthetic area is produced, having the limits which the extent of the diffusion determines, as is also the case with cocaine. When applied to the conjunctiva the anæsthetic effect takes place in from five to ten minutes, and in from ten to fifteen minutes the pupil dilates and the accommodative apparatus becomes paretic and then paralyzed. As compared with cocaine, the effects of stenocarpine on the pupil and on the accommodation are far greater. The dilatation of the pupil is nearly equal to that produced by atropine, but it is not as persistent. In certain cases the pupil of the other eye contracts to a mere

pin's head in size. The anæsthetic and analgesic effects are quite equal to those of cocaine in corresponding strength. Stenocarpine is more actively toxic than cocaine. It causes tetanic spasms not unlike those of strychnine; but the tetanoid paroxysms are accompanied by trembling, weakness, and incoördination, and, finally, paralysis ensues—a fact that indicates exhaustion of the centres at first stimulated. Very rapid action of the heart occurs, probably because stenocarpine paralyzes the pneumogastric, and thus removes the inhibition. As the effects deepen, paresis of the respiratory muscles comes on, and ultimately they become paralyzed, the action of the heart failing after respiration has ceased.

The following are Knapp's observations respecting the therapeutic applications of the new remedy: Whenever, with the actions of an anæsthetic, a mydriatic is required, as in iritis, stenocarpine is preferable to cocaine. It is also better than atropine when there is a tendency to glaucoma and much pain is felt. When, however, an anæsthetic is necessary, and a mydriatic is not, then cocaine becomes more useful; and this condition of affairs includes all the ophthalmic surgical procedures. It need hardly be explained that stenocarpine can be substituted for cocaine as a local anæsthetic in the numerous maladies for which a local anæsthetic is needed. If it shall be proven hereafter that in a sufficiently concentrated solution stenocarpine anæsthetizes the skin, as well as the mucous membranes, it will assume the first place as a local anæsthetic and analgesic.

It must be stated also that some subjects possess a remarkable susceptibility to the actions of stenocarpine. In a few instances when it has been instilled into the eyes, weakness, faintness, a cold sweat and a rapid but feeble action of the heart have ensued, as it is so powerful. *American Journ. of the Med. Sciences*, Oct., 1887.

#### Artificial Foods for Infants.

Dr. Edgar Everhart, chemist to the University of Texas, reported as follows to the State Scientific Association, on the analysis of the foods most commonly sold for infants:

1. No infant food as now sold can be made up, either with or without the addition of cow's milk, so as to produce

a liquid having as great an amount of total solids (13.75 per cent.) as are in woman's milk unless indeed such total solids consist of such an injurious substance as starch, or the casein of cow's milk.

2. Not one of these infant foods is composed of nitrogenous matter that is as easy of digestion as is that of woman's milk. The chief source of such nitrogenous matter is cow's milk, and not the foods themselves. The fact that starchy matter prevents the formation of clots in cow's milk, is no reason for introducing a more indigestible substance into a child's stomach, than would be the clots themselves. Besides, the formation of a clot is not the only reason of the greater indigestibility of casein.

3. The percentage of fat is uniformly too low for the requirements of the infant organism.

4. Because the soluble carbohydrates, even when present in large amounts, are different in chemical proportions, and most likely also in physiological, from the milk sugar contained in women's milk.

5. Chiefly, because the great majority of infant foods introduce a substance into the stomach of the child which is never found in women's milk, and which we know by direct proof cannot be assimilated by the digestive system of an infant.

6. In those cases where there is an approximation to woman's milk, this approximation is due to the use of cow's milk. The use of such food as Liebig's is not so objectionable as the farinaceous; they are only useless because their only function practically is to increase the percentage of the carbohydrates. This increase can be as well and more cheaply obtained by the addition of a little ordinary sugar, or still better by milk sugar. The addition of Liebig's food does not change the character of the nitrogenous matter of cows' milk, either before or after it is taken into the stomach.—*Medical News*, July 30, 1887.

#### Galvanism in Pruritus Vulvæ.

Dr. H. Von Campe, of Hanover, reports the results of a mode of treatment to which his attention was first directed by Blackwood. Von Campe was consulted in the beginning of August, 1885, by a woman aged 53, who was suffering

from an intense itching of the vulva, groin, perineum and anus. The patient had always been healthy until two and a-half years after an abortion, when she had irregular discharges of blood from the uterus, to remedy which, the organ was curetted. After the curetting, the discharge of blood never recurred, but she suffered from a profuse acrid discharge. In spite of various modes of treatment, the condition was not remedied, but itching began in the vagina and extended gradually over the mons veneris, groin, perineum and anus. The patient consulted various physicians, one of whom even excised portions of the integument, where the itching was most intolerable, but no measure of treatment resulted in more than slight temporary relief. She had long employed injections and solutions of carbolic acid and sugar of lead, but with only slight effect. After trying salicylic ointments and cocaine, which alleviated the distress for only a few hours, Von Campe resorted to galvanism on September 21, using at first a current from six elements with the anode applied to the vulva and the cathode to the affected portions of the integument. The sittings lasted ten minutes. A weak solution of carbolic acid was also prescribed to be employed night and morning. Two days later, the patient reported that the pruritus left her immediately after the application of the current, and that she had enjoyed a respite of several hours. The patient was then subjected to the galvanic treatment on the three following days, during which time her condition improved. Six more applications were made before October 8, with a current from eight elements, and at this time the pruritus had nearly disappeared, leaving only a slight pricking pain. The integument had healed over in spots and the skin looked quite natural. The patient reported that she was able to sleep all night for the first time in five years. Two more applications of galvanism were made before October 16, by which time, the pain had quite disappeared and the skin had nearly healed. Treatment was reapplied on October 24, 25 and 26, from which time until November 20, she was entirely free from the pruritus. Then experiencing a slight return of the trouble, she returned and the parts were galvanized several times, after which the



affection of the skin entirely disappeared. Since then, the patient has often been heard from. Pruritus is occasionally felt but only in a slight degree. For the most part the discharge has continued, but it is much less profuse. Both conditions are easily controlled by the use of weak douches of carbolic acid.—*Journ. of the Amer. Med. Assoc'n.*, October 1, 1887.

#### Poisoning by Eserine.

In a woman of sixty, a solution of the strength of one grain to the ounce was prescribed and a drop was ordered to be placed in the eyes twice a day. The druggist put up a solution of gr. j to 5j. At about 4.30 the same afternoon, the first application was made and a small drop of the solution placed in each eye. A good deal of smarting and lachrymation followed and as this passed off, in about a quarter of an hour, severe chronic spasms of the eyelids set in; the upper eyelid, as the patient described, falling down on the lower every few seconds. About a quarter of an hour later a feeling of spasmodic stiffness in the lips, especially the upper, set in, and soon there was the same sensation under the jaw on the left side. Within an hour there was a feeling of tremor or spasm, but without any actual muscular movements in the arms or thighs, and at the same time, there was a sensation of pressure on the eyeballs, and of weight and pressure within the head. The patient also began to suffer from some mental confusion, and her memory was impaired. By 11 P. M. the movements of the eyelids had diminished considerably, but the other symptoms had altered very little. She slept uneasily, waking at frequent intervals during the first part of the night, and when she awoke was conscious of the same sensation, though in diminishing degree. In the morning, the muscular sensations had disappeared, but she felt weak and shaken. I saw her a little before noon on the 20th, when I found the pupils contracted to a fine point, and the conjunctivæ a good deal injected. All the spasmodic muscular feeling had disappeared, but she complained of the pressure on the head and on the eyes. She said there was some mental confusion and a general feeling of weakness. Next morning, the 21st, the pupils were

still minutely contracted, and as she still complained of the pressure on the balls a weak atropine lotion was ordered.

Another recent writer has seen nausea and vomiting follow the instillation of a 1 per cent. solution of eserine.—*The Medical Analectic*, October, 1887.

#### Eruption from the Eternal Use of Arsenic.

Dr. Leontowitsch reports a case of eruption from internal use of Fowler's solution occurring in an old lady, the dose being a small one administered twice daily for the relief of obstinate chills and fever. On the second day severe itching manifested itself on the neck and chest; on the third day a small macular red exanthem appeared upon the above-mentioned regions, the skin being slightly swollen and the seat of intolerable itching. By the fifth day, it had spread over the abdomen. Upon discontinuing the remedy, the cutaneous symptoms disappeared in three or four days, but were reproduced as before on taking the arsenic a second time. It was subsequently shown that while the patient could not tolerate either arsenite of potassium or arsenious acid with bromide of potassium, arsenite of quinine caused no unpleasant symptoms.—*Amer. Journ. of the Med. Sciences*, Oct., 1887.

#### Iodoform Inunctions in Meningitis.

Holt reports five cases. The first was an infant of eight months. The case had gone on from bad to worse until the eleventh day, when inunctions of iodoform and vaseline (one to four) were begun. Improvement was noticed in two or three days, and the patient recovered.

Treatment was only continued one day in the second case, when the patient died.

The third case died on the third day of the disease, the symptoms being very severe.

The fourth case was ten weeks old. The bones were not ossified, and the head doubled in size. In spite of frequent attacks of convulsions, the case ultimately recovered.

The last case had constipation, vomiting, and enlargement of the head, but no convulsions. It recovered.—*Archives of Pediatrics*, September, 1887.

### Knee-Jerk as a Point of Differential Diagnosis between Typhoid Fever and Meningitis.

The experience of Dr. Angel Money confirms the statement of Hughlings Jackson, made recently with reference to the value of this differential symptom. He has tested it in twenty-five cases, and never observed the knee-jerk to be absent in typhoid, except on the day or two preceding death in fatal cases. Although it occasionally happens that it persists in tubercular meningitis, this is exceptional. Sometimes, in this disease, the knee-jerk varies from day to day, now being present, now absent. It is a more valuable symptom than enlargement of the spleen, and is practically never lost as a result of simple pyrexia.—*Archives of Pediatrics*, September, 1887.

## News, Etc.

THE MARYLAND STATE HOMŒOPATHIC MEDICAL SOCIETY held its annual meeting on October 12th at the Society's new suite of rooms. Two applicants were elected to membership, *viz.*, Drs. H. F. Garey and Charles H. Young. Officers for the ensuing year are as follows:—President, Jos. Lloyd Martin, M. D.; First Vice-President, N. W. Kneass, M. D.; Second Vice-President, Thos. E. Sears, M. D.; Secretary, Irving Miller, M. D.; Treasurer, Thos. Shearer, M. D.; and Censors, N. W. Mark, M. D., E. S. Conlyn, M. D., and H. Webner, M. D., Drs. E. B. Britton, D. H. Barclay, and Alfred Wanstall were chosen to fill the vacancies in the Board of Directors. This Society has leased for a term of years a handsome suite of rooms in No. 226 N. Greene street. These rooms are open daily for the convenience of the members and for the reception of any visiting physicians. Journals will be kept on file, and every convenience for the greater comfort and social recreation of the members will be added. The past year has been pregnant with good results to the cause of homœopathy in this State, and this Society has each month enjoyed a larger attendance of members than any homœopathic society in this State ever heretofore enjoyed. Good feeling and true fellowship have prevailed among all of our

members, and 1887 and '88 dawned upon us with bright prospects.

IRVING MILLER, M. D.,  
1207 East Monument St., Baltimore.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its Fourth Annual Meeting in New Orleans, December 14-16, 1887. There is every prospect that it will be a large and profitable meeting. The secretary's circular urges a full attendance, and says: "When we remember that out of 12,000 homœopathic physicians in the United States only about 400 are located in the South, we must realize the necessity of strengthening our organization, of educating the popular mind to a proper appreciation of our system, and of stimulating our own efforts, grown sluggish perhaps by want of congenial contact, to a higher professional culture and to a clearer and more systematic study of the clinical history, prognosis, and treatment of diseases indigenous to the South. The community of interest naturally resulting from such an association, aside from the mutual profit of comparing notes and exchanging experiences, which will accrue to each member, largely increases our influence on society, and is the only effective way by which we can discriminate our doctrines and do our share towards elevating the "Divine Art" to a higher and more scientific plane. Lastly, it is only through organization that we can ever hope to raise the standard of medical education."

Dr. Walter Bailey, Jr., Chairman of the Committee of Arrangements, announces that physicians can obtain reduced rates of fare to New Orleans and return by applying to their respective local agents.

The President of the Association is Joseph Jones, M. D., of San Antonio, Texas, and the Secretaries are C. R. Mayer, M. D., of St. Martinsville, La., and C. G. Fellows, M. D., of New Orleans, La.

THE NEW PHARMACY LAW IN PENNSYLVANIA prohibits druggists from selling poisonous drugs to lay-people except upon the prescription or *written* order of a physician. In consequence of this wise regulation our pharmacists are notifying their professional patrons that such drugs, when not purchased by them in person, can be furnished only upon a written order.



THE  
HAHNEMANNIAN  
MONTHLY.

DEVOTED TO THE INTERESTS OF

HOMŒOPATHY AND GENERAL MEDICAL SCIENCE.

*Literary Editor,*  
PEMBERTON DUDLEY, M. D.

*Business Editor,*  
BUSHROD W. JAMES, M. D.

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The Editors are responsible for the maintenance of the dignity and courtesy of the journal, in both its literary and advertising departments, but *not* for the opinions expressed by contributors.

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Original Department.

TREATMENT OF OBSTRUCTIONS IN THE LACHRYMAL CANALS.

BY H. C. FRENCH, M. D., SAN FRANCISCO, CAL.

About ten years ago I turned my back upon the books and inaugurated a method of treatment in obstructions of these passages, which has, through its simplicity and effectiveness, enabled me to cure a large percentage of cases which in my hands were incurable under any other treatment which I had tried, and the discovery of cocaine has still farther facilitated the curative procedure. In looking through our standard text-books on ophthalmology, we find their authors without a jar in their unanimity, recommending in all grades and conditions of obstructions, the prompt slitting of the canalicula from the punctum to the opening of the sac. No one who has watched in a favorable case the almost intelligent motion of the elevated punctum, as, during nictitation, it is thrust into the lachrymal lake, rapidly drinking the saline waters, can fail to feel a reverential awe as he contemplates the marvelous perfection of this involuntary suction apparatus, and with this knowledge, how can he fail to hesitate as he lifts the iconoclastic knife, unless he is sure it is the last and only expedient. Carter has had the candor to admit that under the old treatment of slitting with Stilling's knife, and forcible dilatation, the last condition of the patient, is in a majority of cases, worse than the first. A cure with a slit canaliculus under the most favorable results, is only par-

tial, entailing great disfigurement and always more or less imperfect drainage.

In my opinion the greatest of all errors in the management of these cases is the universal ambition to introduce large probes. The most perfect canaliculi often would not admit through their puncta a No. 2 probe. Yet they carry off the rapidly secreting tears with never the loss of one. Hundreds of canaliculi have been converted into useless and unsightly troughs on account of a slight stricture just at the punctum, or at the opening of the sac, and hundreds of people are walking our streets with useless lachrymal apparatus from this slitting process, whose only trouble originally was a slight catarrhal thickening of some portion of the mucous lining which was quite amenable to rational treatment. I call to mind at least two cases in which the slitting of the canaliculi had been declared by the ditchers to be the only means of cure, and in which a simple and painless dilatation of the canals, with suitable topical and constitutional treatment, resulted in perfect cures.

Who believes that any resemblance of a lachrymal sac remains after Stilling's butchering process?

Is it compatible with the light and progress of the age that we should be content with cures (?) like these?

I have not allowed myself to write thus positively upon the results of my simple methods until the cures thereby may be counted by the score. I abominate the egotistic romance that has so universally disfigured medical journalism, and in this paper record only what I know to be frozen facts. If, as is often the case, the stricture is at or near the punctum, I try to introduce a No. 1 or 2 probe, and failing, nick the circular fibres of the punctum with Bowman's knife, just sufficiently to admit a No. 2 or 3 probe. After passing the probe well up to the nose I withdraw it without entering the sac, and with Knapp's syringe inject a weak solution of kali bichromicum or hydrastin, and if the color appears on the handkerchief on blowing the nose, I do no more at that sitting, repeating the same or different injection in two or three days. If there is pain and no evidence of patency in the nasal passage, I inject a 2 or 4 per cent. solution of cocaine, and then introduce a No. 3 probe through the sac and into the nose. It often requires several efforts, but patience and gentleness will find their sure reward. Pass the probe well up to the nose, keep the canal drawn tight upon the probe with the free hand, then elevate the probe at right angles with the first position, and, if possible, pass it into and through the sac. The sac is often inflamed and its walls rugose, and



the point of the probe will again and again engage in the folds; withdraw it slightly, change the direction and try again, and if wholly unsuccessful withdraw entirely, change the course of your instrument and introduce again. I have often overcome all these obstacles at one sitting, and introduced the probe without a tinge of blood. I never leave the probe in longer than a few seconds, but follow its withdrawal with some form of injection, and keep it up at intervals of two or three days, so long as the passage is patent, repeating the probing only in case of closure. The appearance of color through the nose has come to be, with me, an unfailing token of success. At first, cases of dacryo-cysto-blenorrhœa staggered my prognosis, but I soon learned that these cases, though chronic, often yield as promptly as the simpler forms of trouble, and in two instances in which a dacryo-cysto-blenorrhœa was associated with simple obstruction, the eye with the diseased sac was first to recover. We are thus taught that objective appearances are often misleading. Cocaine is a two-fold adjuvant. It destroys all sensibility, rendering painless an otherwise agonizing operation, and overcomes spasm, which has always been one of the most serious obstacles in the way of success.

In conclusion let us ask your thorough and patient trial of these simple means. Take plenty of time, and avoid all force. My former partner, Dr. Peterson, I believe is successfully using my plan, and will testify to its superiority over the heroic methods.

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### IS PURE HOMŒOPATHY, ALONE AND UNAIDED, ABLE TO COPE WITH, AND OVERCOME PUERPERAL DISORDERS AND COMPLICATIONS?

BY JOSEPH C. GUERNSEY, M.D., PHILADELPHIA, PA.

[Read before the Philadelphia County Homœopathic Medical Society.]

"The proof of the pudding is in the eating," and "we never know what we can do until we try," are two well known aphorisms. Many a sceptic has, on investigating the subject of his incredulity, become its zealous advocate. Homœopathy has enrolled among her ablest champions and representatives, many who, disbelieving in her tenets and claims, studied into them for the purpose of proving them false. In just this way no less devoted a lover fell a prey to her charms and spent a long life in her service, than the renowned Constantine Hering, M. D. Believing in all honesty that Homœopathy was a delusion and a snare, he determined to fully acquaint himself with her doctrines that he might intelligently and exhaustively write them down and smash them.

In our own day, and right here in this city, you and I know lots of professing homœopaths who practice in only a half-hearted manner—here a little homœopathy, there a little allopathy, and anon a little eclecticism. And yet we cannot condemn these practitioners as being wholly dishonest, or intentionally false to their principles. *By their own confession* many of them practice homœopathy as far as they understand it, or as far as they believe in it, and there they stop. Their fault lies in not following out homœopathy through her whole beneficent length. It is their want of complete faith in, and their lack of knowledge of, the full curative power and healing ability of homœopathy, alone and unaided, that cause them to digress from the straight and narrow way. Yea, and more, it is the want of *experience* in homœopathy. I have the most abiding and the strongest possible faith in the law of the similars BECAUSE I have personally experienced in my own practice, and have witnessed in the practice of my superiors, what an almost unlimited amount of curative power homœopathy, purely and strictly practiced, can accomplish.

In no field of her empire has she won grander and more convincing proofs of her efficacy and superiority over all other methods of practice than in the puerperal state of womanhood. The post-partum ills, such as hemorrhage, convulsions, fever, phlegmasia dolens, mania—any and all of them, yield to her searching treatment, as the snow-flakes melt before the burning sun, or as the ripened grain falls beneath the keen sickle. I make a broad statement, I know, and perhaps you think I claim too much. Let us examine closely and see how we are to obtain all these successes. They do not happen spontaneously; they only come in response to the proper seeking after. This proper manner involves the hard work of studying our cases with the utmost care;

(a) In procuring all the symptoms, or departures from the normal standard of health, and estimating each one at its proper value. And here, as in all prescribing, for whatever manner of sickness, the mental symptoms lead the way and are of the most value.

(b) Having obtained the symptoms, our next duty is to ascertain what *remedy* we must give. This, of course, must be the *similimum*, the one which covers most symptoms of the case.

(c) We are to give that remedy, the *similimum* only; we are not to alternate it with any other or others.

(d) We are to give the least possible amount of that remedy which will cure—the *minimum* dose.

To any one who doubts or denies the ability of homœopathy, pure



and simple, to successfully cope with puerperal convulsions, hemorrhage, mania, etc., I ask "Have you tried faithfully in case after case, to cure according to the above rules?" If you have so tried one, two or three times, and have each time failed, have you thought how likely it is that the failure was due rather to yourself than to homœopathy? We are all fallible and prone to error; we are much more likely to err than is homœopathy. I know I have often failed to cure cases after trying my very best, and after exhausting all I knew about homœopathy. And then I have gone to Dr. Constantine Hering, to Dr. Raue, or to my father, and they have shown me my error and found the proper remedy with which I cured my case. I have even known all the above named physicians, including Drs. A. Lippe, C. C. Smith, and other able representatives of our school fail to cure a case. It was one I was deeply interested in, and I determined homœopathy *should* cure, for I knew it *could*. So I went to New York and saw Dr. Carroll Danham, to whom I carefully described the symptoms. He said, "Let me study it over to-night, and I will report to-morrow." On the morrow he said, "The remedy must be Berberis. Has it been given?" Berberis 40m did cure that case and the sufferer was profoundly grateful. The circumstances of this case I well know, for I myself was the patient. This, of course, was not a puerperal case, and I instance it merely to illustrate the fact that the science of homœopathy was not at fault, when able physicians failed—it only needed the proper application of the Law of the Similars to effect the cure. Therefore when one of us fails, don't let us blame homœopathy, but rather let us blame ourselves. Excuse my mentioning it, but it is a common remark that an incompetent workman always blames his tools. When we fail, we must not give up homœopathy, but must seek the advice and help of those who are abler and wiser than ourselves. Homœopathy when properly represented *will* vindicate herself, and will produce the good results we desire.

I have seen profuse and dangerous post-partum hemorrhages speedily cured; writhing convulsions occurring in the puerperal state made to cease; the rigid os to soften and yield; the burning fever to cool and the delirium to become quiet; and the puerperal maniac restored to reason by no other means than the strictest homœopathic treatment—where the carefully selected remedy, given in high potency, has done quicker and more satisfactory work than any other means that could be employed.

I have a patient who, in her last two pregnancies has been decidedly crazy. She broods, is sullen or fitful and angry by turns. From

a loving and exceedingly affectionate wife she becomes hateful and hating. Yet in her worst moods the similimum will bring her to herself beautifully. Ignat, 34 m.; lachesis, cm.; platina, 50 m., are her chief remedies, and their effect upon her is really magical. Decidedly the worst case of hemorrhage I ever saw, occurred in my practice last autumn. I had just delivered a large-sized baby, and turned from the bed, when the patient told me she was flooding. I turned back the bed clothes and there I saw the blood jetting, and pumping up as if from a hydraulic ram. I was *terribly scared*, and at first could not decide what to do. Then I rehearsed to myself the indications of the remedies; sat down beside her bed and asked for symptoms. From the time I saw the spouting hemorrhage until I had her indications was almost no time. She said "I have a constant bearing down sensation, as though everything was coming through the vulva. Every few seconds this bearing down is suddenly and violently increased and I feel the *hot* blood spurt."

I gave belladonna 40 m, every 3 to 5 minutes for a little while, and then lengthened the interval as she seemed better. The excessive flow was speedily checked, and very soon she was flowing no more than was natural.

I know that time is very precious and that every second is of importance when the life current is pouring away. But it need take no longer to ascertain the character of the hemorrhage and concomitant symptoms, than it would require to fit up and apply some mechanical measure. To forcibly grip, pinch and "knead" a sore, tender and bleeding uterus I cannot regard with favor; it cannot be regarded as scientific or advantageous treatment. The homœopathic treatment is the best of all methods in that it does the patient no harm, but good. Much is said now of the danger of septic poisoning. Surely great risk is run in damming up the vulva with tampons—hastily constructed as they usually are from the first thing that comes to hand—a silk handkerchief, etc. Advice is also given to insert the hand into the bleeding womb and scratch the sides, or try to promote contraction. How about septic poisoning from the dirty finger nails? Just think of the danger.

It is too often the custom in puerperal convulsions to give ether or chloroform. I have known this to be done in some cases, and at the next confinement, one, or three years later, the convulsions returned. I have seen puerperal convulsions *cured* by the similimum. And I consider it safe to assert that if every case were so treated, a woman would never have puerperal convulsions more than once.



In the hot summer of 1879 I had a very bad case of puerperal fever, with its usual train of symptoms. The pulse and temperature ranged high, and the urine was almost entirely suppressed. The patient passed but about a thimbleful a day for two days. She had different remedies for a time until I found the similimum to be kreosote. This I gave in the one thousandth potency. All went well until the early morning of the tenth day, when my patient had a heavy chill, and I was hastily sent for. I gave one dose of *nux vom.* 50 m, and there were no more chills; the patient recovered rapidly with no further trouble.

Erysipelas in child-bed is universally regarded as a dangerous complication. A few years ago I had such a case. I was engaged to attend a lady in confinement, and a day or two before she was delivered, erysipelas broke out in her head and face. She was *very* sick from it. The fever was very high, the erysipelas very severe, she was mildly delirious, wished to kill her baby, etc. The erysipelas was so very hard to the touch, that I decided on *Bryonia*. This remedy, in the 70m. potency, cured the case speedily, the milk came all right, and there was no further trouble.

If we will all be true to homœopathy, and will prescribe the most similar drug, the single remedy, and the minimum dose, we will achieve results which will answer affirmatively that pure homœopathy, alone and unaided, IS ABLE to successfully cope with and overcome puerperal disorders and complications.

When we do individually fail, let us first blame ourselves and not homœopathy. Let us give homœopathy a fair chance, and seek the advice of those who are abler, and wiser, and better skilled than our poor selves.

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#### ANTISEPTIC OBSTETRICS.

BY EDWARD W. MERCER, M. D., PHILADELPHIA, PA.

Antisepsis is practically the same thing wherever applied, whether to general surgery or obstetrical practice. The manner of application varies very little, and the drugs chosen for their peculiar properties of nullifying or destroying the disease-producing germs, are, of course, from the same list. Of those which have come into more general use in midwifery, may be mentioned, first, the bichloride of mercury as the most important. It takes first place for several reasons, and not the least among these is its convenience, now that it is put up in tablets, which are easily carried, and when put into a known quantity of water, give a solution of a definite strength. Then, too, it is a more powerful

disinfectant than any of the others. It may be used in a solution of from 1-5000, to 1-1000 of water; but is antiseptic even in the proportion of 1-35,000. One of the disadvantages is the effect it has on metal-corroding instruments, even in the weaker solution. Next comes carbolic acid, which can be used in a 3 to 5 per cent. solution, but which does not possess the germicidal property of the mercury, according to Koch, being a germicide in the proportion of 1-10. It cannot be used in this strength, as it would destroy the tissues, but it is a good antiseptic in a 3 to 5 per cent. solution, and has the advantage of not attacking the metals; being, therefore, a solution in which instruments can be placed. Although the bichloride especially requires care in its use on account of its active poisonous qualities, I believe *all* such antiseptics should be used in some definite proportions, that we may better know what to expect of their use. If we add, for instance, a few drops of carbolic acid, an unknown quantity to an indefinite quantity of water, we are perhaps able to smell the acid, but we do *not* know that it has any worth as an antiseptic. Thus, on the one hand, we may be using solutions which are worthless; on the other, those that are actually harmful. Iodoform is useful as an antiseptic in the prepared condition, and has only one objection, namely, its odor.

But in our faith in the power of these drugs to destroy the disease-producing germs or to render otherwise septic matter harmless, we must not overlook the necessity of preventing these obnoxious matters from coming in contact with our patients. This is a subject well worthy of our consideration, and one, I believe, about which many times we are not careful enough. These precautions are just as truly antiseptics as the drugs we use, and are, perhaps—yes, certainly—of more importance. The physician is especially liable to be the source of infection. So he should give all possible attention to his person. After attending surgical cases where there are discharging wounds, particularly those with putrid discharges, such as come from carious bone—cases of erysipelas, and diphtheria and other infectious diseases, making or attending post-mortem examinations, etc., should only attend obstetrical or visit puerperal cases after a thorough bath and complete change of clothing. His hands and arms should be most carefully scrubbed and washed, the nails being first cut and cleaned. The hands should also be thoroughly disinfected with some of the stronger solutions, best of all bichloride 1-1000.

A safer precaution still in cases where one is in particular danger of carrying infectious matter, is to allow a few days to intervene



between the attendance of such cases and obstetrical cases ; the above disinfecting process being repeated several times in the meantime.

The same care should be used in regard to the nurses or attendants. One should have a knowledge of their previous engagements. See particularly that they do not come from those who have suffered from puerperal fevers, and that they use the same antiseptic precautions that you have done, regarding both person and clothing. The bodily cleanliness of the patient should be seen to. Although this is unnecessary many times, it must be remembered that a very large proportion of the births occur among those who are not particularly careful about their personal hygiene. In the matter of clothing, as in the preparation of the bed and materials to catch the discharges, patients are apt to think it makes little difference, as they are soon to be soiled at any rate ; so worn garments are used, soiled bed-linen, etc., which must expose the patient to a greater risk. These should, of course, be replaced by fresh, clean clothes.

Supposing the physician to be in condition which justifies him in attending the confinement, he should, at the bedside of his patient, again clean his nails, wash and disinfect his hands and arms. Should an abdominal examination be made, the hands should again be washed before the internal examination. The lubricant—preferably carbolized cosmoline or vaseline—should be carried by the physician, that he may not be compelled to depend on such as may be about the house, and which has probably had many previous uses which would make it anything but antiseptic. Neither should lard be used because of its liability to contamination. Every object which enters the vagina is liable to carry some infectious matter with it, thereby increasing the risk to the patient. Therefore the examinations should be no more frequent than is absolutely necessary. Care should be taken that no air enters the vagina, as with it go the elements which favor putrefaction. Vaginal irrigation, preceding delivery, is indicated when the discharges become fetid, as they sometimes do in a prolonged first stage, or if there is a rise in temperature during the stage. In administering these the same cleanliness is to be observed and precaution taken against the entrance of air, by allowing the fluid to drive the air from the nozzle or irrigating tip, before it is introduced into the vagina. In all cases where there is necessity for operative interference, the injections should precede such operations.

After a normal delivery the only local treatment necessary, perhaps, is the irrigation and washing of the vulva. Iodoform may then be dusted into the parts. The lacerations of the soft parts about the

vulva, which almost always occur, and are exposed to the discharges after coming in contact with, and changed by, the air, should have this treatment as well as any other surgical case. If it is necessary to catheterize the patient, the vulva should be irrigated with the disinfecting solutions, and the catheter introduced while the parts are exposed. The further a case deviates from the normal, just so much more are injections indicated after the expulsion of the placenta. If the lochia become offensive after a normal delivery, of course vaginal investigation should at once be resorted to. Some of the abnormal conditions calling for the same are; febrile rise coming on at any time during the labor; application of forceps, and all other operations; turning, craniotomy, etc.; extraction of placenta or pieces of it, or of membranes; mechanical treatment, hemorrhages, and lacerations of the perineum.

Injections should be made into the uterine cavity when, in the operations, the hands or instruments have entered the uterus. After operations too, uterine suppositories of iodoform may be introduced. In the intra-uterine irrigation, on account of the rapid absorption, the bichloride solution should not be used too strong, 1 to 2000 or 3000 being used. If 1 to 1000 is used, it should be followed by a solution of carbolic acid, so that the sublimate may not remain in the uterus to be absorbed.

There have been a number of cases reported where poisoning, and even deaths, have occurred from using the 1 to 1000 solution. This probably occurs from very frequent irrigation, or some of the fluid remaining in the uterus to be absorbed.

In the treatment of the puerperal fevers once developed, the same substances are used. The hygienic conditions must be as near perfect as possible, irrigation frequent and thorough, that there may be no reabsorption of the septic matter. Schroeder recommends the constant uterine irrigation with the bichloride or carbolic acid, not alone for the antiseptic effects, but also, by using the solution ice cold, as an antipyretic. This, of course, where the temperature rises very high.

The obstetrical instruments are to be made and kept with the greatest care. They should be so made that there are no corners or places for the accumulation of any dirt. Besides washing after being used, they should be boiled, which necessitates their being made of such material as is not injured by this treatment. Flexible catheters should be either new, or, after using, rendered antiseptic, and kept in a carbolized or some other antiseptic solution. Such as are used post-partum should be of such material that they can also be boiled. Perhaps the best material for their construction is glass, as this is



cheap and they need not be used but for the one case. This is certainly best in all cases of fever. The irrigations or injections, to have any antiseptic worth, should not be made with syringes which will be found around most houses, these having been in use possibly for years, used for vaginal and rectal injections of different fluids, and also, from their mode of construction, allowing the accumulation of septic matter, could scarcely be considered proper instruments for introducing *antiseptic* solutions into the uterus especially.

The best irrigator is one made of glass, without any metal trimmings. This can be used for all kinds of solutions. The tips or pipes to the rubber tubing are best made of glass; they can be made in form to suit either the uterus or vagina, it not being necessary in making injections to the puerperal uterus to use the double catheter, as the cervix is patulous enough to allow the escape of the fluid by the side of the catheter. Glass for these has the advantage again of being cheap, so that they may be thrown away after any infectious case. It is easily kept clean, and is not acted upon by any of the fluids which may be used.

A case illustrating to me both the necessity for and the good effect of these precautions, I have some knowledge of. In an institution where it was not allowable to do work in the pathological institute and obstetrical wards at the same time, one man—and an American, by the way—thinking there was no harm in working both, went from his course in pathology, (where he had handled specimens perhaps from dozens of different cases, probably among the number puerperal cases), to the lying-in wards. Here he examined seven cases, writing his name on slates kept at the head of each bed for that purpose as he did so. Within the next few days a number of cases of fever developed; and a cause was at once looked for. It was found. On every slate where this man had written his name, the woman developed fever; and on some of the slates his was the only name (three being allowed to examine each sick case). I think I am not mistaken in saying that in every case these women died. One might say this argued against the protection of antiseptics; but it must be remembered he took no extra precautions—indeed, I know, did not use the bichloride. Even the washing in carbolic acid was likely very carelessly done, as you would expect in one doing as he did. But where I see the effect of antiseptics, is in the fact that, although this seemed like a very virulent outbreak, and it spread to a good many other cases (probably through the carelessness of attendants), after redoubling the precautions and giving everything a most

perfect cleaning and scouring, and using bichloride very largely where they had used carbolic acid, in a comparatively short time the disease was entirely stamped out. The deaths, I understood, numbered 25 or 30 before this was accomplished. But even this is not very heavy compared with hospital epidemics.

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#### A PRACTICAL POINT IN THE EXAMINATION OF THE HEART IN CASES OF CHOREA.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

In previous papers on the subject of chorea, I have stated that in a number of cases, I have been unable to examine the heart in a manner at all satisfactory to myself, on account of the restless movements of the patient. In a very aggravated case of chorea now under treatment, I have found a way of overcoming this difficulty. The vacuum stethoscope was used. The child was undressed. The bell of the stethoscope (a double one) was fastened to the thoracic walls by the production of a vacuum within its outer compartment. The ear pieces were then inserted in my ears. Wriggle now as the child would, there could be no friction between the stethoscope and the chest walls, and the tubes of the instrument being perfectly flexible and homogeneous, no sounds were produced by their oscillation. Thus the cardiac sounds were heard in their purity.

The vacuum stethoscope was invented by Paul, the author of a work on diseases of the heart. Dr. Rand, a homœopathic practitioner of Monson, Mass., modified Dr. Paul's instrument, adapting the principles involved to a double stethoscope.

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### Abstracts and Translations.

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#### THE NEW BUILDINGS OF THE NEW YORK HOMŒOPATHIC COLLEGE.

The following description of the new building, soon to be erected for the New York Homœopathic College and Hospital, on the Eastern Boulevard, 63rd and 64th streets, is copied from the *Chironian*. The article, as therein published, is illustrated with cuts of the floor-plans, elevations, and a perspective drawing of the College building. ED. H. M.

The Homœopathic Medical College and Hospitals are intended to form a group of which the College building—high and massive—will be the centre, and the different Hospital pavilions the wings; the Col-



lege appearing between two of them, from whatever point the buildings are viewed. The lot being two hundred feet wide on the Boulevard, and on an average about as deep, allows of this arrangement, four corner pavilions and a central *corps-de-Logis*. Fronting eastward toward the Boulevard, but a little back from the street line, rises the lofty gable of the College flanked by its staircase towers; and on either side and coming forward to the front, rises a similar but smaller gable; that of the Medical Pavilion to the south, that of the Surgical Pavilion to the north. The northern face will show the flank of the Surgical Pavilion on the left, and on the right the Maternity Hospital, with the College between. The southern face will consist of the Medical Hospital on the right, and on the left the Training School for Nurses, which, however, is rather the dwelling of the nurses, their real school being the Hospital wards themselves. It is intended that the whole composition shall be in several shades of a somewhat warm and rosy gray; the terra-cotta for the cornices, copings, sills and jambs being already selected, with the brick to correspond of the color described. And as to the architectural style, it is late French-Gothic, the style of the second half of the fifteenth century; that which prevailed from the expulsion of the English from France, down to the introduction from Italy of the classical Renaissance. This style recommends itself to the architect and the committee, because of its adaptiveness. Halls, rooms, passages, stairways and lifts, of the most diverse character, must all be packed closely together, and combined with the most elaborate system of heating and ventilation; there must be high storics, and low, sloping floors, and level, large windows, and small entrances and exits in unexpected places; and it has need to be a pliant and flexible style of building which is to lend itself to these requirements.

The chief entrance to the grounds is from the Boulevard, and there is the public entrance to the College. The Dispensary is situated in the lowest or ground story of the College, in rooms on both sides of the central hall. Covered passages go off on the two sides to the Hospital pavilions at the north and south, and return along the flanks of the College building, giving covered approach to the two entrance doors in the corner towers, by which are reached the winding stairs to the Anatomical Theatre and Dissecting Room above.

The ground floor, beside the Dispensary and the public entrance, gives on the south an entrance especially for students, heading directly to the main staircase, and having at one side a large assembly room for the students, and hall forty feet long, with fireplace, windows to

the south, and a number of lockers for private use, and on the north, an entrance for the professors, with a private stairway to all the stories, and a passenger lift. Near this northern entrance is the Dean's office. The carriage drive-way on the northern side connects with the professors' entrance, and leads thence to the shed and stable, where there is also accommodation for an ambulance and its horses.

The first floor above is devoted to the library and the Senior lecture-room; and here it must be pointed out how the building is divided on every floor into a square of forty-four feet to the west, and another to the east, and a compartment between them which is filled with stairs, passages, and the private rooms of the professors and lecturers. Heavy brick walls rise from cellar floor to roof and form these main divisions, and it is also intended that the whole central compartment shall be without combustible material of any sort, so that all the communications shall be absolutely free from danger from fire. On the first floor, then, the forty-four foot square to the east, is the library, and this will hold about thirty-two thousand volumes, if shelved throughout for books, while the square on the western side has the sloping floor which these large lecture rooms require, and will seat from 280 to 320 students. Underneath this slope, at the part where it rises the highest, rooms for the janitor are arranged, with windows north, west and south, and these connect by a private stair with a reception room or office on the ground floor below.

On the second floor, to the west, in a series of small rooms, are accommodations for small classes, for private investigation in chemistry and the like, store-rooms for apparatus, etc. And there are a good many of these rooms, for a second *mezzanine* is worked in overhead, under the sloping floor of the Junior lecture-room in the third story. Space, as well as time, is money, in New York, and space must be economized. Indeed, the arrangements to the eastward of the centre on this second story are the most elaborate instances of this careful packing, and this saving of space, for here is a two-story mezzanine, so to speak. The Anatomical Theatre requires a very steeply sloping floor; it rises at an angle almost of forty-five degrees; beneath this slope, therefore, are arranged the microscope and histological rooms, with space for the collections and the instruments, and above these, still under the slope aforesaid, are dressing-rooms for the dissecting department—of which more anon. The plan of this second story shows the lower part of the Anatomical Theatre, the lecturer's desk, and the lowest seats. The plan of the third story shows the upper seats; and here the system of entrance and exit can be appreciated,



for, from one of the round towers on the front, and from the main staircase in the middle of the building, there are two doorways into the theatre at a point half way up its slope, while from the other tower is a doorway to the platform or gangway at the top of the slope. The tower stairways lead up to the dissecting-room and down, without other communication with the building, to the outer doors.

The dissecting-room occupies the top floor and the great space within the roof at the east end. A large toilet-room connects with it, and another is arranged below, under the top part of the sloping floor of the theatre. There is no access to it from the other parts of the building except by the professors' room. It is intended that every student entering here shall have first passed through the toilet-room and have changed his dress, and that every one leaving it shall go through the toilet-room again; that no private property shall be left in the dissecting-room, no garments, instruments, nor books.

This, then, occupies the east end of the fourth story; the western square of forty-four feet is occupied by the general chemical laboratory, to which also the height of the roof is given. Both of these large rooms, for which the best and purest light is so important, are to be lighted without skylights, by means of dormer windows at different levels.

In this way the building has five principal stories, besides the *mezzanines* above described; but there is also a system of subordinate floors for the professors' room. Since the main stories are very high, seven private rooms on the different levels are got in the height of the building. These rooms connect directly with the lecturer's desk in each large room. It is intended to keep this vertical shaft, the seven-story house with its private staircase and its elevator, for the exclusive use of the instructors, and for their intercourse with those students only who have to see some one of them privately.

The hospital pavilions will all more or less resemble the surgical pavilion. Each ward is to contain twelve beds, and to each ward will be attached a day-room for convalescents, having a dumb-waiter to the kitchen; a service-room for bandages and poultices, with a gas-stove or other fire-place, and connected by a special dumb-waiter with clean-linen rooms in the attic; a nurses'-room, bath-rooms, closets, and a room for examinations and operations by the surgeon in attendance. Each floor is connected with a large elevator which goes down to the basement; this elevator will contain a bed with its two bearers, so that a patient can be taken up or down without disturbance or agitation; and, in the basement story, a door opening directly on the

street, gives easy access to an ambulance. In the roof, or attic story, are the laundry, consisting of washing-room, drying-room, ironing-room and mending-room, a kitchen, service-room and dining-room, cook's-room, bath-room, and closets as below; three lifts or dumb-waiters are arranged, one for dishes for the patients, for broth, hot water, etc., for the different wards, one for soiled linen coming up, and one for clean linen going down.

The hospital pavilions are to be absolutely fireproof, and the same means, the same choice of material which gives this safety, will also give hard and non-absorbent walls, floor and ceilings, which infection cannot permeate, and which can be washed as completely, if not as easily, as a china bowl. The ventilation is also to be very complete, and arranged both for winter and summer.

It is intended to heat all the buildings by means of boilers adjoining the college on the south side, and pipes to radiators in each separate building.

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#### DISTURBANCES OF SPEECH AND THEIR HOMŒOPATHIC TREATMENT.

BY DR. MOSSA OF STRASSBURG; FROM THE BERLIN "HOM. ZEITSCHRIFT," MAY, 1887.

[Translated for THE HAHNEMANNIAN MONTHLY by S. Lillenthal, M.D.,  
of San Francisco, Cal.]

*Belladonna*.—Considering that this drug affects especially the right side of the body, and that therefore it must attack the left hemisphere of the brain, we can assume with Broca, *a priori*, that it must act on the function of speech. Our provings show a decided action on the frontal lobes, the workshop for mental activity. As all experiments so far fail to clear up the courses which belladonna and atropinum attack in the brain and cord, and their action upon them, we rely with safety on the symptoms as given by Hahnemann: very weak memory; he forgets what he intended to do in the twinkling of an eye and cannot recollect anything; he is not able to think of anything regularly, and immediately forgets things which he had thought of a moment ago; stammering, weakness of the organ of speech, with unimpaired consciousness and dilatation of the pupils; paralytic weakness of the organs of speech; heavy speech, heavy breathing and great lassitude; great difficulty in talking, his voice is sibilant; low speech, with headache, as if the brain were being pressed out, close over the orbits, in forehead, which prevents the opening of the eyes, and obliges one to lie down, with great contraction of the pupils; tremor of tongue, stuttering of tongue; speechlessness, he does not utter a sound.



*Clinic.*—A man of 42, after suffering from excruciating headache, had, after midnight, an apoplectic fit, with loss of sensation and motion on the right side of his body. Weak mind, speech lost, mouth drawn to one side. On left side of body, off and on, convulsive twitchings of muscles. Saliva flows constantly from mouth; dysphagia. Pulse full and hard; eyes congested and prominent; the whole face bloated; great thirst; constipation for several days; mind clear, and he feels anxious about his state. After one dose, belladonna 30, the headache and the redness of face increased after a quarter of an hour, with twitchings of facial muscles; followed by sleep for two hours, with moderate perspiration. After waking up he could speak, and the paralysis of the side left him after twenty-four hours.

A little, delicate woman, of 50, caught a severe cold, lost her speech, could only lisp and stammer. Mind clear; twitching in face; dysphagia; chilliness. After belladonna 30 she soon fell asleep and then could talk again.—(*Annal* 3, 10 Ng.)

A boy of 15 had chorea, cured by cocculus, but stammering remained, which needed belladonna 30 for its removal.

Aphasia after apoplexy is not rare, and belladonna is certainly indicated in hyperæmia cerebri. We see in the first case the mental function uninjured, whereas senses were weakened and speech lost, clearly pointing to a paralysis of the glossopharyngeus, especially as dysphagia was also present. The same may be supposed in the second case, where also the facialis suffered. Sleep, a most favorable symptom, followed the use of belladonna. In mental alienation, whether exaltation or depression, belladonna will always be a polychrest. We meet here hasty, quick speech, even great talkativeness, often about sexual matters, with libidinous speech and cursing and swearing, as well as no desire to speak, and apathy to the outer world; cerebral hyperæmia (even with pale face); often dilated pupils; spasmodic symptoms, originating in the glossopharyngeus and facialis.

*Hyoscyamus.*—A girl of 21, hale and hearty, lost her speech after a fright, became dumb, the mobility of tongue inhibited, with the sensation in tongue as if numb and paralyzed; chewing and swallowing natural; frequent stitches in head; menses regular. Solution of belladonna 12 for a week, which did nothing. Solution of hyoscyamus 12, daily a tablespoonful. After the fifth dose, during the night, a spasm, as from electricity, concussed the whole body, and re-established her speech.—(*Allg. h. Ztg.* 37, 95.—Hempel).

In Hahnemann's proving of mercur. sol. we read of the following, disturbances of speech in a woman: loss of voice and of speech. She

hears well, but can only answer by gestures, and fails in every attempt to speak. This mercurial aphonia and aphasia Hahnemann relieved with hyoseyamus.

A girl of 12 years suffered from chorea after a typhoid : constant shaking the head from one side to the other ; unclean, foolish talk ; does not answer rationally ; grasps with her hands at everything, but fails to catch it ; laughs at everything ; restless sleep ; dry cough at night, dry lips, great thirst on waking. Hyoseyamus 9, one drop. Sleep after an hour, moist skin ; great improvement the next day. (Later, Bell. 12, one dose.—(*Archiv.* 2, 116).

Another case of chorea in a girl of 12 : incoördinate action, even of the tongue ; she could hear, but did not speak a word in six months. Hyosey. 12 for a week, thrice daily a dose. Cured entirely in a week, so that she could talk and walk as well as ever. In three other children of 6, 9, and 12 years, the chorea as well as their stuttering was cured by Hyosey.—(*Archiv.* 19, 2, 166.—Schellhammer.)

The physiological action of hyoseyamus in relation to speech needs fuller development for explanation. Hahnemann mentions from the observations of other authors : dumbness ; inhibited speech ; loss of speech ; he utters nonsense ; talks of things which others would try to keep secret ; murmurs nonsense to himself ; in loud reading he intermixes indecent words ; incoherence of speech.

Stapf observed from a moderate dose : he speaks more hurriedly than usual. We also find here, as under bell., dysphagia and hoarseness, even aphonia. The muscular incoördination, as in chorea magna, is characteristic of the drug, and the aphasia is not the sequel of a cerebral hemorrhage.

*Stramonium*.—He talks little, and utters single, inarticulate sounds in a raised voice. His voice has not the usual sound ; it is much higher and finer than usual, it is a mere sounding ; he is unable to utter an intelligible word ; he hears and feels that himself, which makes him anxious. A kind of paralysis of the organs of speech, he has to exert himself a long while before he is able to utter a word ; he merely stammers and utters inarticulate sounds. Constant murmuring or screaming till he is hoarse. Stuttering ; most time dumb, he expresses his wish by pointing to objects. Tongue nearly paralyzed ; trembles when he attempts to put it out. Incoordination of motion is characteristic of this drug.

A girl of four years suffered for several weeks from periodical, sharp twitchings of right side of face, soon extending to the extremities, and vomiting of all food. The attacks lasted from five to ten minutes ;



screaming, and then gradual loss of speech ; involuntary urination and defecation. Bell. and hyosey. failed ; zinc acet. ameliorated the spasms and stopped the screaming and vomiting. Child unconscious, grasps sexual parts with her hands ; pupils dilated, but respond to stimuli. Solution of hyosey. 30 only ameliorated. Total loss of speech. Stram. 30, twice a day ; after two weeks discharged cured.—(*All. H. Ztg.* 52. 124).

In chorea magna, stram. hardly ever disappoints and then also removes the stuttering of speech. The more the brain is co-affected, the more we think of it. Here is a most interesting case where the diagnosis vacillated between psychopathy and chorea, and where the child was nearly sent to a lunatic asylum.

A boy of eleven years fell four months ago into this state : Dizziness ; his gait is titubating and he cannot walk in a straight line ; he must be led ; head drawn back to the neck ; trembling of extremities with great mobility ; the voluntary muscles will not obey the influence of the will. He often puts the arm to the sacrum ; bends backward as if suffering from pain. Features dull and disturbed ; insensible to sensory impressions ; eye dull and weeping ; pupils dilated, do not respond. Loss of memory ; when he wants to speak, which only happens after repeated questions, he stutters with great exertion and distortion of the facial muscles ; appetite rather increased ; great thirst ; abdomen hard and tense ; hems as if throat were compressed ; and wants to vomit. Breath short and anxious. Pulse small and spasmodic ; hands and feet cold ; face red and bloated. Restless sleep, snores ; utters inarticulate sounds ; kicks about with his hands. When rising he stumbles on table and chairs, though he sees them well enough. Formerly well-behaved, now stubborn—toward strangers, timid. All treatment failed. Now, stram. 9, one drop in the morning. Already next day he spoke without having been requested ; dressed himself ; at the third day he behaves nicely at the table. Gait still slightly titubating ; coordination fully established.—(*Arch.* 8. 2. 73.—Argidi.

In consequence of sunstroke-headache, heat, pain in neck when bending forwards ; must support head with her hands to keep it straight ; weak memory ; she cannot find the suitable words ; very sensitive to opposition. Stram. cured.—(*Hirschel's Zts.* 1. 117).

We saw how bell. hyosey., and stram. act in disturbances of speech, but it is not yet settled whether stram. acts more on the medulla oblongata, or bell. and hyosey. more on the nerv. vagus and accessories.

*Causticum.* This great remedy which, in relation to its psychopathic influence, may be counted among the narcotics, and again among

antipsorics (calcareæ), has the particular symptom : he frequently pronounces words wrong and transposes letters and syllables ; for instance, *cluent foriza* for fluent coryza. Rommel observed this disturbance for several days during his proving. Causticum gives us also incoordination of voluntary motions, and paralysis of muscles, especially of the tongue.

A middle-aged man was under mercurial treatment for syphilis during a cold and raw spring. Suddenly he lost his speech, while taking a walk, so that he could not utter another word, except "na, na." The tongue was not paralyzed, but the whole body showed a trembling weakness, and frontal headache. Nitric acid failed. Causticum, in different potencies, restored the speech, except some stuttering in words rich in consonants.—(*N. Archiv.* 2. 1. 30.—Goullon, sen).

A perfectly healthy woman had fluent coryza for three weeks, with dull, frontal headache ; forgetfulness, loss of memory ; and paraphasia (using the wrong word). Causticum 30. One dose cured her radically.—(*Ibid.*)

A well-nourished, choleric woman, 30 years old, always complaining of plethora, rheumatism, constipation, and having now a severe cold, complains that she speaks very indistinctly, a kind of stammering, lisping, with drawing the mouth to the right, (though she can move her tongue without pain in any direction) and tendency to faint ; also parietic debility of right arm. Caust. 30, repeated after six days, cured in two weeks.—(*Allg. H. Ztg.* 3, 142.—Ehrhardt).

A young man of 17 years stuttered from childhood, and, when he spoke very slowly, with the sensation of paresis of the tongue, which he could only move with difficulty in the mouth. Caust. 30, one dose, cured him.—(*Archiv.* 17. 1. 48).

A weak, old woman became paralyzed on her right side after catching cold ; nux vom. and coculus failed. Oedema of arm and foot. Speech inhibited, cannot articulate the word, which she wants to speak, to her satisfaction ; lost all hopes and feels like crying ; insomnia ; inappetency ; constipation. Numb sensation in the face. Caust. 30, gradually, eight doses, restored her health fully.—(*Archiv.* 13. 3. 100).

A girl of 12 years, always well till, two years ago, a malignant eruption was driven away by external means. Soon she began to emaciate, her gait became insecure, and she lost memory. For the last year queer motions of the mouth, eyes, head, hands and feet. Gradually she forgot how to read, write, knit or sew ; speech became difficult, so that nobody could understand her. Muscular unrest day and night, with cruel contortions, robbing her of all sleep. The first dose, caust.



30, diminished the convulsions; after several more doses, at suitable intervals, speech returned, and, with a dose or two of ignatia, she could be pronounced cured after three weeks treatment.—(*Allg. H. Ztg.*, 3. 142.—Ehrhardt).

*Spigelia*.—A boy of five years for the last two weeks, when speaking, repeats the first syllable of the first word three or four times; after that he could speak quite plainly. When, after a pause, he began again to speak, the same stuttering took place. Helminthiasis. *Spig.* 6, morning and evening, cured him. Here the disturbance of speech emanated from a peripheric irritation, carried on to nervous central.

*Lachesis*.—When we consider how energetically lachesis acts on brain and spinal cord, especially medulla oblongata, also on the organs of speech and on the heart, we will easily understand its curative action of some disturbances of speech. In its effects it often reminds one of the narcotics. Whereas bell. affects more the right side, lachesis acts, especially in apoplectic palsies, more on the left side. It corresponds to states of depression as well as to those of exaltation, and is well indicated after mental over-exertion with inability to think, defective memory and forgetfulness; he makes many orthographic errors in writing, and other errors; makes mistakes about the time; also, difficult speech; he fails to pronounce certain words; his speech is nasal and not easily understood; his vocal organs feel thick, tongue rather stiff, can only be moved with difficulty when swallowing; paralyzed after an apoplectic fit.

A girl, of four years, stuttered for several months, and no cause could be assigned for it. Her face becomes awry; shuts her eyes, opens her mouth wide or shuts it spasmodically according to the sound she wants to utter. Stuttering may set in at the second or third word of the sentence; at other times she speaks a whole sentence without any trouble. P. Z. and A. give her the most trouble. Lachesis 18, a dose every second day, improved her in a week, and the cure was finished in a little over a month.—(*Allg. H. Ztg.*, 66, 166.—Bojanus).

Mossa treated a traveling preacher, who was overworked, perspired easily and then suffered from laryngeal catarrh. His heart was not sound, and going home, one cold and raw evening, he was attacked with a kind of an apoplectic fit which left the upper left extremity paralyzed. His mental and thinking faculties were clear, but his memory for words suffered. Names and most words for concrete things were gone. The suitable expression in writing he also often missed; he made awful orthographic blunders, doubled letters unnecessarily, especially at the end of a word. In reading printed matter he, perhaps,

understood one-half of a line only. Lach. 30 removed the left-sided paralysis, and his memory improved. This was followed by lycopodium 30, once a week a dose. Only gradual and slow improvement. Whether the drug did it or whether the embolus was carried onward, he is unable to decide.

*Lycopodium*.—He cannot read, because he mistakes the letters; he sees and can copy them, but does not know their meaning; he knows that Z is the last letter of the alphabet, but forgets its name; he can write what he wants correctly, but cannot read what he wrote. He can speak fluently about abstract things, but becomes confused about ordinary things, and calls plums, pears. Jahr also mentions in lycopodium the leaving out of syllables and the difficulty to find the right word. After some trouble I found the source whence Hahnemann took this interesting case, and it is found in *Archiv f. Hom.*,—Heilkunst, 7, 3, 12, Dr. G. W. Gross,—and it is worth republishing.

A preacher, of about fifty years, had on the scalp a fatty tumor, for which he was operated, and from that time he began to decline; complained often of rheumatic pains; caught cold easily, though he was used for years to atmospheric changes. He felt better from a copious discharge of his coryza, and worse when it stopped. Difficulty of hearing in his right ear. He generally found some difficulty in adding sums, saw only the half of an object, and forgot how to read. Though he saw every letter, he lost their meaning; though he wrote well enough, he could not read what he wrote. He had forgotten all the names of common things, but could discourse well on abstract things. Antipsorica, especially lycopodium, did much to improve his state; but even now he reads only with difficulty and slowly, like a beginner. Dr. Gross considers a deep-rooted psora as the cause, which was aroused by the enucleation of the tumor. Far more frequently we find now-a-days syphilis as a cause of disturbances of speech in consequence of cerebral lesions and psychopathies. We meet here aphasia, the impossibility to speak though the state of the tongue is normal, as also loss of speech, on account of paralysis of the muscles of the tongue in consequence of paralysis of the hypoglossus. Whether mercury is always to blame for it, is doubtful, for cases are on record, where the syphilitic process at an early stage caused cerebral affections.

*Mercurius sol.*—He speaks with difficulty; he cannot read; brain, as it were, benumbed; he does not hear questions; cannot retain what he reads, and makes mistakes in speaking. Unconsciousness and loss of speech; he seemed to sleep, but was pulseless, though his body was warm, and looked like a corpse. After an hour,



consciousness returned and a weak sound of his voice; he wanted to speak, but could not; only after twelve hours speech returned. In tremor mercurialis, especially from mercurial vapors, the tongue is also attacked, so that speech becomes trembling, especially when the emotions are also aroused.

*Platina.*—A scrofulous girl of three years began suddenly to stutter, especially when she began to speak. Her voice sounded as if she had something in her mouth, and as if the posterior organs of speech were covered and clumsy. (Gross.) His observation stands yet alone, but considering the connection between the female sexual organs and the vocal organs, we might expect some benefit from it in hysterical disturbances of speech. The proceedings so far do not hint towards it.

*Zincum.*—A child of four years, after recovering from a typhoid, repeated, in a monotonous, singing way, every question till another one was asked, and so on. Zincum 30 removed this debility in the affected cerebral ganglion. (N. Arch., 2, 1, 31. Goullon sen.) Romberg, in his text-book on nervous diseases, mentions this echo-speech: patients repeat in a monotonous way the words and sentences of a person in their neighborhood without even being conscious of it. Our provings show under Zincum great forgetfulness and weak memory, inability to think, as if the mind were asleep. Weakness of the organs of speech when reading. In mentally alienated persons we sometimes meet this echo-speech; as also the peculiarity, that they repeat and scream out over and over the same nonsensical words. I witnessed such a case during the war, where a piece of a shell severely wounded a soldier on the head. Though unconscious, he constantly screamed "shot" till he died.

*Phosphorus.*—A boy of five years could not speak, though his hearing was good. His whole unarticulated sounds could only be understood by his parents. Deficient development of the organs of speech, probably from a central cause. Phosphor. 12, every second day a dose. Improvement in a week, and a cure in five months, in spite of the most unfavorable conditions.—(Prof. Hoppe, *Hirsch's Hom. Zeitschr.*, p. 52).

A young woman of nineteen years; rather delicate; menses irregular; amenorrhœic for the last five months; for two summers chlorotic; extremely poor, and forced to do heavy labor. For the last two weeks general malaise; looks more pale; is dizzy, and sleep is restless; no vital power; forgetful; answers slowly. Four weeks ago she fell from a chair and remained unconscious for fifteen minutes; made some spasmodic motions. On the evening of November 24th she lost

consciousness; breathing stertorous; spasmodic motions of left extremities and rigidity of the right side. After taking *pulsatilla* 3 for two days consciousness returned, but paresis of right side remained, which in a week turned into full paralysis; even the tongue was paralyzed. Phosphor. 3, four times daily, ten drops. After four weeks paralysis nearly gone. January 10th menses returned. When speaking she cannot find the right word, all of which yielded to phosphor., which had only to be omitted for several days in December, on account of frontal headache and pains in the affected upper arm.—(W. Arnold.)

The provings of phosphorus show no direct influence on the faculty of speech; but we find that after a primary rise in the mental and emotional faculties, even to exaltation, a depression follows even to unconscious apathy. Arnold chose this drug because he considered the case based on softening of the brain; and it is well known that in experiments on animals it did not produce softening of the brain. In a case of chronic poisoning with phosphorus, recorded by Huss, the mental faculties remained undisturbed, the senses clear, but the patient suffered severely from a spinal affection, probably sclerosis, and this speech was stammering, titubating, which was formerly no the case. In paralytic manifestations of the organs of speech from bulbar paralysis, phosphor. and *argentum nitricum* deserve our consideration. I tried *plumbum* in a case, but it did not respond to my expectation.

*Kalium bromatum*.—In Hale's *New American Remedies* we read: Thirty to forty grains two or three times daily produce in ten to fifteen days dull headache, apathy, mental weakness; cannot think clearly, and understands only slowly, so that he must be asked repeatedly before he understands the question and is able to reply; and, if the experiment is continued, stupor sets in. Of interest to us are: remarkably slow speech; difficulty to collect his thoughts and to express them; loss of memory; he forgets what he wanted to say and cannot reply; he cannot recollect the most simple things, and forgets even his own name. Aphasia—he cannot speak, but he can repeat the words spoken to him. Sudden debility—he allows objects to drop from his hands; the muscles seem not to stand fully under the control of the will. Gait unsteady; he cannot stand nor walk. Paralysis of spinal nerves. Diminished reflex irritability, especially in larynx, pharynx and mouth. Kali. brom. cured a case of aphasia produced by an embolus in the *arteria cerebialis media*. We feel convinced that this drug must be of great importance in disturbances of speech emanating from the brain, *medulla oblongata et spinalis*.



*Euphrasia*, with the characteristic symptoms.—While speaking he re-commences many times, not only repeating the first words of a sentence (a kind of stammering), but also after the periods he frequently re-commences in order to select another expression ; formerly he used to speak connectedly.

*Cicuta virosa*.—While speaking a few words he can articulate the first five or six words without hesitation, but while speaking the rest of the words he is seized with slight jerking of the head backwards, even noticed by others ; sometimes also the arms jerk, so that he seems to be compelled to draw backward and swallow a syllable and to articulate almost as in hiccough. Tried to speak, but could not move the tongue.

*Cannabis sativa*.—Speech difficult ; he was utterly unable to speak as usual ; at one time he missed a word, at another he lost his voice (for four hours) ; towards evening these attacks were repeated. There was at one time a torrent of words, as if one were driving him ; at another time he faltered in his speech, so that he sometimes spoke the same word ten times in succession in the same breath ; at times his whole idea was anxiously repeated, and it angered him if he was unable to repeat it in the same words (Franz, R. A. M. L. 1. 139),—Pains in the back so severe that, full of anguish, his voice is raised to a higher pitch. Makes frequent mistakes in writing or cannot find the suitable word to express his thoughts.—*Cannabis indica*, whose action on the brain is still more decided, gives us : he forgets his last words and thoughts ; speaks in a bass voice, with dull sound. He begins his sentence, but cannot finish it, as he forgot what he wanted to say. Talks rapidly, but also stammers and stutters. His lips fails of utterance as if paralyzed.

*Anacardium orientale*.—When speaking he finds it difficult to utter certain words, as if his tongue were too heavy. Great mental weakness ; he fails to know what and how to say it. In early morn memory is good for nothing, especially for single names. As a cursative action is mentioned : trivial objects of times long passed are recollected, though nothing at present could have brought them back to his memory.

*Crocus sativus*.—Absence of mind and forgetfulness ; he does not recognize a person whom he frequently sees ; or coming near she seems like one wholly unknown to him ; he looks wonderingly at her, remembers having seen her but cannot recollect her name, and mistakes her for another ; only recognizes her after a long time. He makes mistakes about the time or about objects, although they are quite clear and distinctly visible.

Remarkable is an observation in relation to a musical remembrance: Suddenly a concert, where she was present some time ago, appears so vividly in her memory, so that she seems able to distinguish the different instruments. After its disappearance she was unable to recall it any more. After all, the memory for musical sounds is not identical with that for speech, just as the faculty to express musical ideas, or to sing, is entirely independent from the faculty of speech. The advice is even given to stuttering people to express their speech in a kind of melody, and usually it succeeds.

Kussmaul's great work, "The Disturbances of Speech," 1887, deserves our full study. It may be considered the keynote for the pathology of speech, and, as thus, we adopt it most cheerfully. Let the old school now come forward, and learn from the homœopathic *materia medica* how to cure these disturbances.

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#### PRACTICAL ITEMS FROM FOREIGN JOURNALS.

[Translated for THE HAHNEMANNIAN MONTHLY by S. Lilienthal, M. D., of San Francisco, Cal.]

1. TREATMENT OF BRONCHIAL CATARRH IN CHILDREN.—Hygiene does here more than drugs. Children ought to be dressed loosely; especially around the waist everything ought to be loose. Whether the belly-band is of any benefit to babes, is questionable. An infant, suffering from bronchial catarrh, ought to lie always on the side not affected, and it ought to be kept mostly out of bed, in an upright position, to prevent hypostasis, etc. When the child is restless, never mind it; crying is the best prevention to atelectasis, hypostasis of the lungs, etc. Mild irritants of the skin produce deep inspirations. The temperature in the nursery ought to be always cool. In relation to diet, feed the child often, but only a little at a time, and a small portion of wine at regular intervals may be allowed. For babies koumiss is preferable, or very small doses of carbonate of ammonia; against atelectasis, infinitesimal doses of belladonna. The nursery must be kept not only cool, but in a moist atmosphere, by wetting towels in water and hanging them around the cradle. The thorax of the little patient ought to be enveloped in a loose layer of moist cotton, and its drying prevented by covering it with oilcloth. Some recommend inunctions with *oleum eucalypti* or *terebinthinæ*. *Ipecacuanha* ought not to be given to weak children, suffering from a dry cough, and only hardy children can bear the antimonials.—*Dr. Jas. Carmichael, in Bulletin Gén. Therap. de Paris, June, 1887.*



2. **BLACK TONGUE.**—Dr. Schech considers the black tongue a rare affection. The surface of such a tongue is, on the black spots, more rough and uneven and covered with longer or shorter threads, short hairs, comparable to the fur of certain animals. Most observers consider the black tongue a mycosis, but Schech failed to find in the black threads the glossophyton, and considers them to be enlarged, pigmented, horny papillæ filiformes. On the pigmented epidermis-cells of the hypertrophic papillæ he also missed the normally present fine granular mass, forming the coating of the tongue, consisting of cocci, rods and leptothrix. He concludes that the black tongue does not belong to the mycoses, but to the hypertrophies, with pigmentations and hornification of the tissues. — *Münich Med. Wochenschrift*, 1887.

3. **ON MOGIPHONIA.**—Prof. B. Fränkel observed several cases that, with the sensation of weariness, the voice failed to persons who constantly used their phonetic apparatus. The most thorough examination failed to find anything abnormal. A prima-donna, *e. g.*, begins to sing with a pure clear voice, but soon her notes become flat, and only with the utmost exertion she finishes her piece, and laryngoscopy detects at most a slightly decreased tension of the vocal cords, and the glottis a trifle less open than usual. Fränkel considers it a neurosis of occupation, and compares it to the paralytic form of spasmus scriptorum, and recommends massage of the throat. — *Deutsche Med. Wochenschrift*, 30, 87.

4. **TABES DORSALIS WITH INTESTINAL CRISES.**—Dr. Pontoppidan records: a man of fifty, who had syphilis some twenty years before, became tabetic, and for the last seven years suffered from tenesmus, colic and diarrhœa. Other symptoms were pains and hyperæsthesiæ of the lower extremities, ataxia, Romberg's symptom, myosis, no patellar reflex; rectum without local affection. — *Centralbl. f. Nervenheilk.* 16, 87.

5. **DR. IMOLA SEPILLI ON AMIOTROPHY.**—There are two kinds of amiotrophies; a neuropathic and a myopathic one. The former may be of peripheric or central origin. To the peripheric ones belong most cases of neuritis (after poisoning infection). The central ones are caused by alterations of the anterior horns, and are: 1. Typical, progressive, muscular atrophy (Duchenne). 2. Amiotrophic lateral sclerosis. 3. Secondary affection of the anterior horns in the different spinal diseases.

The latter is progressive, muscular dystrophy. 1. Duchenne's infantile progressive muscular atrophy (atrophic muscular myopathy of

Landouzy and Dejerine). 2. Erb's juvenile form of muscular atrophy. 3. Pseudo hypertrophy of the muscles. 4. Leyden's hereditary muscular atrophy. 5. Transitory forms with exquisite loss of muscular power without much loss of volume. — *Centralbl. f. Nervenheilk.* 16, 87.

6. ANTIFEBRIN IN HEADACHE AND MIGRAINE.—Dr. Faust of Dresden, considers antifebrine the best remedy in some congestive headaches, for the sequelæ of a debauch, and in migraine. As there is otherwise no fever, it ought to be given in doses of one-half to one grm. This headache is usually caused by faulty division of the blood inside the skull and abnormal filling of the blood-vessels in it. Perhaps its action may be explained by a derivation of the blood from the head to the skin and abdominal organs. — *Deutsche Med. Wochenschr.* 26, 87.

7. SCLEROSIS AND INFLAMMATORY SHRINKING OF THE VALVES OF THE HEART.—Dr. Hampeln leads our attention to endocarditic changes of the valves in contradistinction to the arterio-sclerotic process. In the former—the endocarditic insufficiency of the aorta—the compensatory hypertrophy of the left ventricle is only produced by mechanical causes; which is not the case in the simultaneously appearing changes in the volume of the right ventricle during sclerotic affections; they also differ in the age in which they appear and in their ætiology, the former acute articular rheuma pura seu larvata, the latter general tendency to sclerosis.

In *endocarditic* insufficiency of the aortic valves after acute infectious diseases, mostly during adolescence, with good compensation for a number of years, even to senility, not a symptom of cachexia; patient able to work and even in spite of inhibited compensation the characteristic symptom of *increased cardiac power*; the only danger lying in recurring endocarditis as in *sclerosis*; insufficiency of the valves or only stenosis of the aortic ostium in consequence of sclerosis, appearing slowly in old age, inducing cachexia and circulatory disturbances and steadily leading to a fatal issue with the symptom of a *weakened heart* and without danger of a recurring endocarditis. — *Allg. Med. Cent. Zeitung.* 54, 87.

8. TREATMENT OF MORBUS BASEDOWII.—Prof. J. Wolff extirpated the right-sided struma of a woman of thirty, suffering from morbus Basedowii. Immediately after the operation the frequency of the pulse fell from 144 to 70, and remained so for the next few days. The exophthalmos disappeared entirely and remained only slightly in the right eye. The intense hoarseness passed nearly off in twenty-four



hours, so her speech became clear again. Nervous irritability gone. At her discharge the left side of the struma was smaller. Her pulse still rises a little when moving about. Her general state of health has greatly improved. Mikulicz made once and Kehn three times the strumectomy successfully in morbus Basedowii.—*Allg. Med. Cent. Zeit.*, 53, 1887.

9. PHOTOXYLIN IN SURGERY.—Prof. Wähl, St. Petersburg. Photoxylin is used in photography, and Krysinski recommends it on account of its adhesiveness for microscopic preparations. It differs from the officinal collodion: 1. By its long continuing adhesiveness to the skin, which does not become changed by washing or by contact with fluids. 2. By the absolute impermeability of the photoxylin coating to fluids. 3. By the equal compression of the tissues. It ought to be used: 1. For small operations in the dispensaries, and where we do not need voluminous antiseptic bandaging, as in extirpation of atheromata or glands. 2. For plastic operations on the face, and for the operations in the neighborhood of the male sexual organs, *e. g.*, radical operations for hernia, hydrocele, or castration, where the bandage may be soiled by the urine, and thus disturb the antiseptic treatment. 3. In laparotomies. The coating of photoxylin, or a thin layer of cotton coated with it, renders every other bandage unnecessary, and render the abdominal wound perfectly secure.—Prof. Wähl in *St. Petersburg Med. Wochenschrift*.

10. GLYCERINE IN OBSTINATE CONSTIPATION.—Dr. Didtman, of Holland, sells a patent medicine, which he calls "Purgative," consisting of a small bottle, containing a greenish fluid of an intense odor of mice, and a very small tin-syringe. He claims that one and a half to two grains of it, injected into the anus, produce in a very short time, a satisfactory, painless and copious stool, and the greater part of the injection passes away with the stool. All that is felt after stool is a very slight irritation in the anus, which passes off in about fifteen minutes. Dr. Anarker examined the contents of the bottle, and found it to contain glycerine, a trifle of extract conii, and a sodium salt. The two latter ingredients are unnecessary, as experiments on patients proved the statement true that all that is needed is such a small injection of glycerine in the morning, and the patient gets thus radically cured of the most obstinate constipation.—*Wien. Med. Presse*, 39, 87.

## Correspondence.

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### ON THE NEED OF AN INTERNATIONAL PHARMACOPŒA.

EDITOR HAHNEMANNIAN MONTHLY :

In your October issue (page 641), Mr. Wyborn denies the fairness of the inference I have drawn, *viz*, that he advocates the making of tinctures from the dried plants in preference to green fresh plants. My inference is founded on his remarks in the January number of THE HAHNEMANNIAN MONTHLY, page 45, where he says that "It is better to make our tinctures represent, as nearly as possible, the *drugs* from which they are prepared, so that we may be able to say what their composition and strength are, as compared to triturations of the same drug, in the same way as we can affirm that the tincture of *nux vomica* is exactly the same strength as the one decimal trituration, for the drug is entirely exhausted by the menstruum used, which contains *all the alkaloids* in solution." The italics are mine. Here he uses as an illustration of his meaning a tincture (*nux vomica*), which is invariably prepared from the dried drug. What would he do if the tincture of *nux vomica* were made from the fresh plant? Mr. Tafel, in the same journal, page 46, replying to Mr. Wyborn's letter, says "*Why should the profession not continue to use tinctures from fresh plants and their dilutions, as they have done with good success for so many years? Why substitute triturations?*" From this remark I infer that I was not alone in understanding Mr. Wyborn to mean tinctures prepared from dried plants. If he did not mean dried plants, or parts of plants, why in the sentence of his, I have quoted above, does he use the word "drugs," a term applied to *dried* products or parts of plants? I contend that the nearest approximation to *uniformity that can possibly be attained is to collect the plant, or part of the plant, uniformly at the period at which it is found by experience to be most active, and grown under conditions in which it flourishes best*: to express the juice as speedily as possible, after the plants are gathered; to mix it with sufficient alcohol to prevent fermentative changes; to exhaust, as far as possible, the marc with the remainder of the alcohol, and then to mix the two liquors. It has been shown that plants vary exceedingly in different years, and under varied conditions, in the amount of active principles that they yield, and that the amount of extractive dissolved by alcohol or water *by no means indicates the proportion of alkaloid present*, so that even if a portion of the juice be evaporated the amount



of extractive obtained does not in the least guarantee the activity of the tincture. Thus it has been shown by Messrs. Dunstan and Ransom, that a tincture of belladonna root, which yields the most dry residue, affords the least amount of alkaloid. (See *Pharmaceutical Journal*, April, 1887, page 843).

The uniformity of alcoholic strength, which Mr. Wyborn seems to think so desirable (page 642), is, to my mind, of very questionable advantage. The most advantageous strength to be used in each case can only be determined by a series of carefully conducted experiments, since the alkaloid or active principles of different plants cannot be of *equal solubility* in the same alcoholic menstruum. In my opinion the only possible approach to uniformity, until such experiments have been conducted, will be best attained by choosing the right time for collecting the plant. Thus the leaves of aconite are stated to be most active just before the vigor of the plant is exhausted by the flowers; and of the root just when the first leaves are beginning to be unfolded, although in belladonna the root and leaves are equally active at the same period. Those who collect opium know only too well that there are only two or three days during which the opium can be collected.

Two other points of great importance are the temperature at which a tincture is made, and the time which is allowed to elapse after gathering before the juice is expressed. Mr. Wyborn's contention that *traces only* of active properties of plants are contained in the juice is hardly justifiable. The succi have been adopted in the British Pharmacopœia as representing better than other preparations the active principles of the plants, *and it is quite certain that in many cases in which the pure alkaloid, or active principle, is only sparingly soluble in water, that it exists in the juice in a soluble condition*, generally combined with an acid: *e. g.*—aconitine exists combined with aconitic acid; atropine with malic acid, etc.—and there is no reason to suppose that the tissues retain more than the amount of active principle represented by the proportion of juice which is mechanically held by them. For example, if you saturate any *tasteless* substance with a solution—say of quinine or strychnine—and then submit the substance saturated to the most powerful exhaustive pressure, the substance, although dry, will still be quite as bitter as the liquid pressed from it. The juice pressed from a plant must obviously contain the same proportion of alkaloid as the juice which remains in the plant unexpressed. I should be glad to know what authority Mr. Wyborn can give in sup-

port of his statement that the expressed juice of a plant contains only traces of the alkaloid. I am, dear sir, yours truly,

ALFRED HEATH, F. L. S.

114 Ebury street, London, Nov. 21st, 1887.

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#### CORRECTIONS—LAW OR LAWS?

##### EDITOR HAHNEMANNIAN MONTHLY:

Permit me, before it is too late, to correct three important errors in my article "Symptomatology vs. Pathology," printed in your July issue. For them all I am personally responsible, two being occasioned by a blur of my typewriter, and one by a slip—can I say of the pen? Two-thirds down page 388, in place of 862, read 362, which will render more credible the following statement, "that it is impossible for general practitioners to diagnose many more than one-half of the morbid conditions liable to be presented to them at any instant for treatment." In next to the last line of page 392, for *word* read *work*; and just below the middle of the same page, for *laws of cure* read "*law of cure*." There can be but one law of cure, however it be formulated, for that represents "the constant and regular mode or order according to which an energy or agent acts or operates" (Worcester). The only method by which it is possible "to subdue or remove by remedial means," that is, by "medicines or applications which put an end to disease and restore health" (Webster), as I have heretofore shown. The admission of a plurality of laws of cure is the denial of the existence of any law of cure.

Respectfully yours,

GEORGE B. PECK.

PROVIDENCE, November 6, 1887.



## Editorial.

### WHAT SIR DYCE DUCKWORTH KNOWS ABOUT HOMŒOPATHIC PHARMACY.

At the opening of the current session of the School of the Pharmaceutical Society of Great Britain, the Introductory Address was delivered by Sir Dyce Duckworth, M.D., Physician to St. Bartholomew's Hospital, and Treasurer of the Royal College of Physicians. Readers of *THE HAHNEMANNIAN* will consider themselves qualified to form a correct opinion, from the above simple mention of Sir D. D.'s titles, as to how much the aforesaid "D. D." is *likely* to know about homœopathic pharmacy. Yet—probably lest some might entertain too large a conception of his attainments in this particular—he was careful upon that occasion to make a desperate effort to state just what he did know, but succeeded only in showing that his knowledge was even more limited than he himself thought.

In showing what he did (not) know of homœopathic pharmacy, this Sir D. D. also explained the cause of his ignorance by inadvertently displaying a large amount of that irrational and unseemly prejudice which so often prevents the acquisition of useful knowledge. This prejudice and this ignorance—mutually explanatory—were exhibited in the following passage quoted from the Address:

"In respect of some of the business practices which I notice are carried on by pharmacists, especially in suburbs and country towns, I may refer to the sale of homœopathic remedies. I consider this very improper and misleading to the public, and I always regard it as no better than the display of a flag of distress on the part of those who vend such rubbish. No educated pharmacist can lend himself to the propa-

gation of error and retain his self-respect.

"I am quite unaware that any solid contributions to the art of pharmacy have ever been made by homœopathic druggists, and I cannot believe that this society approves of its members or associates vending their wares. Let it be remembered that such business is virtually carried on under the agis of this Society. For my own part, I should carefully avoid any pharmacist who conducted it."

Sir Dyce is extremely cautious in one of his statements. He does not say that "no solid contributions to the art of pharmacy have ever been made by homœopathic druggists," but that he is "*not aware*" that any such have been made. Of course he isn't; it is not presumable that he is "aware" of any thing about homœopathy, except that it affects him pretty much as a red rag affects a brindle bull. If he should ever become aware of some small portion of the truth respecting it he would, if at all honest, appear in a far more reputable light when speaking of it to an audience of intelligent people. There were probably a score or more of men among his listeners who wrote him down a learned ignoramus or an educated nincompoop, before he got through with his senseless tirade about homœopathic pharmacy.

The *London Chemist and Druggist*, an allopathic journal of the highest repute, disposes of Sir Dyce's flippant bombast, in quite summary style. It says, editorially, that "It is incorrect to say that homœopaths have not made any solid contributions to the art of pharmacy. Their method of preparing tinctures is now imitated in the British Pharmaceutical Conference Formulary." It further shows the absurdity of his posi-

tion by the remark that, "if the principle"—that druggists should not dispense prescriptions which they did not approve—"is once admitted, we might have pharmacists declining to dispense certain prescriptions signed 'D. D.'"

It is amusing to note that while Sir D. D. deprecated the "display of a flag of distress" by the pharmacist, he unwittingly hoisted one himself. Utterly unprepared to attack homœopathic pharmacy by the legitimate methods of the scholar and the gentleman, he declares his purpose, like the arrant poltroon that he evidently is, to "carefully avoid any pharmacist who conducts it." It is the childish, the unspeakably silly, refuge behind which allopaths have long taken shelter, in their endeavor to spite those physicians who think and act for themselves. The school-girl's thin, piping whine—"If you won't come and play with me, I won't speak to you"—is not one whit more childish or more impotent.

#### WHO MAKES THE MEDICAL JOURNAL?

The answer is not difficult. It is the men—and the women—who after patient study and valuable experience, give of their intellectual stores for the benefit of journal readers. It has been the custom of this journal, as of most others, to print an annual list of its contributors, for the purpose of showing at a glance, the names of those to whom the editors and readers are so largely indebted. But we—like our contemporaries—print the editors' names in big type in about the most prominent place we can find, and thrust the contributors over to a fly-leaf, t'other side of the Index. It does not seem fair, and it has recently occurred to us that it does not look decent. This year, therefore, we print the list in what seems the only appropriate place.

On our own behalf, and also for our readers, we herewith express our thanks

to the gentlemen—and the lady—whose names are hereto annexed, for the work they have done, in making so valuable and attractive a volume for 1887. May not the readers of *THE HAHNEMANNIAN* hope to hear from each one of them again during the coming year?

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#### THE NEW YORK HOMŒOPATH- IC MEDICAL COLLEGE.

It is an occasion for just pride and mutual congratulation by members of the homœopathic profession everywhere, that our colleges are making such rapid advances in their educational work and in the improvement of their facilities. From nearly all of them there come indications that their "Faculties" are among the most alert and progressive spirits in our profession. All of us may talk—and we do—about the necessity for a "higher medical education," about "raising the stand-

ard," and all that; but the men who do the teaching, who bear the responsibility, and submit to the sometimes ungenerous criticism, these men do more than talk—they act. The demand for a higher education is being fostered and encouraged, and led and urged, by the teachers in our colleges as earnestly as by any other class of physicians, and more earnestly than by most of them.

As opposed to the efforts of the colleges to improve the quality of their work, there are numerous obstacles and great discouragements. Two of these are sufficiently apparent—the indifference of many preceptors and the inadequacy of educational facilities. Little by little, however, these difficulties are being surmounted; hospitals are being erected, laboratories equipped, manual training departments organized, courses of lectures lengthened, faculties enlarged, studies graded, text-books improved, prematriculate examinations instituted, libraries furnished, and a host of minor advantages and improvements secured. We have, perhaps, failed to appreciate these changes fully, simply because they have been made gradually. Some of our older teachers can tell an almost incredible tale of the lack of facilities in their own college days, yet these are among the most energetic in the work of college improvement.

On another page will be found a description of the projected buildings of the New York College. It will be seen that the Trustees and Faculty of that institution have planned to secure every attainable requirement and advantage for a thorough and comprehensive course of study, both theoretical and practical.

When the Boston and Philadelphia schools were rejoicing over the consummation of their college and hospital building plans, the professors of the New York College joined in the con-

gratulations and festivities with a heartiness that could not be mistaken; and now that the latter school is about to provide herself with a local habitation worthy of her record, her faculty, and her alumni, she will receive from her sister schools a reciprocal and most cordial "God-speed."

#### DR. LILIENTHAL'S NEW YEAR'S GIFT.

Professor Lilienthal, that tireless friend of homœopathic journals and journalists, has sent us what he terms "A New Year's Gift" for our readers. It is nothing less than a careful translation of a posthumous essay of the late Edward von Grauvogl, on "Coprostasis, or Stenosis of the Intestinal Canal," recently published in Germany. The homœopathic profession is likely to receive, with a good deal of interest, this latest contribution to our literature from the pen of so distinguished an author as Grauvogl, and will heartily thank Dr. Lilienthal for placing it within their reach.

In his letter accompanying his manuscript, this Nestor of homœopathic journalism wishes a "Merry Christmas" and a "Happy New Year" to the editors and readers of THE HAHNEMANNIAN, all of whom will join in reciprocating his kindly sentiment. "Grauvogl," he says, "was 'a thinker,' and though we may not subscribe to every word of his article, yet it was to me so instructive that I did not fear the labor of putting it into English: but, alas! for the last two weeks I was a prisoner in bed again, my whole nervous system out of order, and neuralgia of the abdomen, the *bête noir* of my existence. I am trying Grauvogl's treatment, and if I do not die in the attempt, you shall know the result. It is really curious. Last winter a spurious angina pectoris; shortness of breathing during the summer; intercostal neuralgia and herpes

zoster in the autumn, and now neuralgia of the bowels! What next?"

We hope that "next" will follow robust health and a visit East, to give his hosts of professional friends a chance to shake him by the hand, and thank him personally for his continued interest and labors in the cause of homœopathic literature.

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A CORRECTION.—In the review of Farrington's "Clinical Materia Medica," last month, the word "genus" was quoted from the work when speaking of the "general action" of drugs. The word "*genius*" should have been employed, both in the volume and in the review.

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#### Notes and Comments.

Canada has about sixty homœopathic physicians.

Langenbeck, the famous surgeon, died at Wiesbaden, Germany, September 29th, æt 77.

The Lazaretto at Tracadie, New Brunswick, has 16 lepers. It is believed that the total number in the province is not more than 22, as against 36 in 1875.

Twins, one white and the other black, were born a few weeks ago at the Summit County (Ohio) Infirmary—probably another Ohio scheme to catch the presidential nomination.

Three of the Philadelphia College Alumni died on the same day, November 10th, 1887. All left records of which the college may well be proud.—See our obituary column.

The parturient Zulu woman, of South Africa, usually "returns to her household duties on the same day." Her previous regimen "is of the plainest, and almost entirely vegetarian."

A colored woman, in South Carolina, presumed to be dead, recently gave birth to a child, while in her coffin and on the way to the cemetery. Both mother and child are doing well.—*Fishy newspaper item.*



Drs. Frank Woodbury and Wm. F. Waugh have become the owners of the *Philadelphia Medical Times* (allopathic). It is not unlikely that decided improvements in this already influential journal will follow.

The late Professor Moses Gunn, M.D., is said to have given at Ann Arbor the first course of lectures on anatomy ever delivered in Michigan. The work was begun three years prior to the founding of the State University.

A mixture of elderberry and blackberry wines, two to four drams at bedtime, is recommended by the *Medical Standard* as a quite reliable remedy in the nocturnal enuresis of children. The cure is usually effected in three weeks.

"I do not believe quinine is the tonic it is usually supposed to be. In large doses it is sedative. If long continued it may be productive of chills—hence Hahnemann's *similia*. I have seen such cases often.—Dr. Harvey, in *Kansas City Medical Index*.

The percentage of recoveries in intubation of larynx, as shown in the 1007 cases cited by Dr. Waxham, at the International Medical Congress, is 26.54. An inspection of his tables reveals an indication that the chances of recovery increase with the patient's age.

Man is the most precious capital of the State and of society in general. Every individual represents a certain value. To preserve this as intact as possible is not only the command of humanity, but also the duty of every community in its own interest.—*Crown-Prince Rudolph, of Austria*.

A young physician in Texas, so says the *Medical Standard*, attending his first case of obstetrics, was so scared by the rupture of the membranes, that he ran post-haste to a neighboring physician, exclaiming: "By Jove, she's busted! Get your instruments!" He must have been one of those who do not take *and pay for* Fisher's journal.

A Pittsburgh afternoon paper of September 21st contained an account of the delivery of President A. R. Thomas's address before the State Society, and said, "It was listened to with much interest by all present," etc. The address, in fact, was not delivered at all until some six hours after the issue of

the newspaper. What a wonderful machine the printing press has become!

A correspondent of a western exchange, writing from St. Louis, complains that in that city, while the general practitioner gets but fifty cents for an office examination and prescription, a specialist gets five dollars "for looking down a patient's ear." Why does not the disgruntled correspondent extract a little sweet revenge by insinuating that perhaps the "ear" of the specialist's patient is so long that it is really worth the money?

The University of Pennsylvania's football team has been again thrashed—this time by the Wesleyan boys. Still, the University is not surprised. Nor is anyone else. There is no reason to be. The college boys have been wasting time on mathematics, classics, philosophy and modern languages which would have perfected them in football science. No other college has fallen into this error of late years. It is not yet too late for the University to repair it.—*Phila. Daily News*.

"Homœopathy is progressive in the sense that it can be adapted to the progress of science. This is the glory of it. The flood of light, which unfolding science has been pouring upon it with ever-increasing brightness, is only serving as a brilliant background for Hahnemannian law. The letters of that law are seen with increasing clearness, and the blur of uncertain doctrines surrounding it is gradually fading away.—Prof. W. C. Goodno, in *The Medical Institute*.

In the *Medical News*, Dr. William T. Lusk reviews the unsuccessful cases of Cæsarean section, with a view of explaining the great mortality among American operators. He shows most conclusively that death is, in the great majority of cases, the result either of delay in operating, or of the measures employed in attempting delivery through a small pelvis. He makes an earnest plea for the general study by the profession of pelvimetry. A thorough knowledge of the diameters of the pelvis in each individual case will enable the physician to decide at once whether or not a successful delivery *per vias naturales* is possible. If not possible, the indications for operation become clear.

"I have nothing in common with your 'feeble soul' who wants to be *regular*. I like the man of strong opinions, who believes in himself and will uphold his opinions to the death."

"The intolerance of our old-school neighbors is their most pronounced quality. The assurance with which they claim the possession of all knowledge of medicine is only equalled by the uncertainty of their practice."

"You would hardly believe that in this city of Cincinnati there are *regular* physicians, whom I have passed daily on the street for twenty years, without a nod of recognition."

"I know by experiment that there is virtue in the 30th potency, and in the 500th, and I would not be willing to say where the virtue of a remedy would be lost. But homœopathy is a difficult study; it requires special tact, and is the work of a lifetime."—Extracts from Dr. Scudder's editorials in *Eclectic Medical Journal*.

## New Publications.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By ROBERTS Bartholow, M.A., M.D., LL.D., Professor of Materia Medica, General Therapeutics, and Hygiene, in the Jefferson Medical College of Philadelphia, etc.

The fact that this old-school *Materia Medica* and *Therapeutics* has reached its sixth edition indicates the popularity of the writings of Prof. Bartholow on this subject. He has endeavored in each edition to so revise it as to incorporate the more recent improvements in medical science, with the exception of that important and valuable portion of the *Materia Medica* embraced in the science of homœopathic medicine. When he says he has added much new matter, and that the work is adapted to the official standard, we cannot but regret that the standard is so low as not to include many of the remedies which Ringer has been bold enough to mention, after his careful perusal of homœopathic works, from which they must have been taken, and without due credit.

In his fifth edition he says: "I have not been unmindful of the contributions made by properly conducted clinical observations." But clinical obser-

vations by homœopathic practitioners, we find, are excluded.

On cinchona and its preparations he makes the following assertion: "Sometimes it happens that the enterocolitis of children (*cholera-infantum*), which resists every possible combination of astringent and laxative, will yield readily to quinine. The author has seen quinine give prompt relief in the following: A child suffers with tenesmus, and, after much straining, voids a transparent mucus, streaked with blood; but there is no fever nor other disturbance of the bowels, and the stools when passed are natural."

"The preparations of cinchona and quinine are very serviceable in that state of the mucous membrane which favors the development of *ascarides*. After the expulsion of the parasites, these remedies remove the saburral state of the mucous membrane."

Bartholow's first edition of his *Materia Medica* was published in 1876. Dr. Samuel Hahnemann's *Materia Medica Pura* was translated into English and published in New York in 1846, just thirty years prior to Bartholow's, and under cinchona *provings* and indications for the use of this remedy, you will find mentioned symptoms as follows: "*Pressure in the rectum*; sensation in the anus during stool as if an acrid matter were passing over the parts; stitches in the anus during stool, which was mixed with blood; tingling in the rectum, with discharge of *ascarides*; after long tenesmus, stool is expelled with much pressure, the expulsion causing a good deal of pain."

Not understanding the law of the similars, and ignoring the results of experience from members of the homœopathic school, and being too much prejudiced against the very name of homœopathy, the author fails to give place to many valuable remedies. Possibly the honest requirement that homœopathy would exact of his having to give due credit to the powers of such remedies debars his trial of them practically and clinically or his proper mention of them in his work. B. W. J.

DIFFERENTIAL DIAGNOSIS; A Manual of the Comparative Semeiology of the more Important Diseases. By F. de Havilland Hall, M. D., Assistant Physician to the Westminster



Hospital, London. Third American Edition. Thoroughly revised and greatly enlarged. Edited by Frank Woodbury, M.D., Professor of Therapeutics and Materia Medica, and of Clinical Medicine, in the Medico Chirurgical College, etc. Philadelphia: D. G. Brinton, 115 South Seventh street, 1887. pp. 251.

The author divides diseases into general and local; the first including those disorders which affect the whole system, and to which a local disease would be considered a sequel or an accidental complication. Local diseases, he maintains, are those which make inroads directly upon the various organs, and when any other portion of the body becomes affected at the same time, he considers it a sequence, or as being consecutive to the primary malady.

In clinical diagnosis he simply cuts out all organs which are not affected accidentally or secondarily. If no primary lesion is found, then he has a general disease to contend with. He divides general diseases into fevers and diseases of the blood. These are again divided into other diseases according to their prominent diagnostic symptoms.

The American editor has taken American authorities in preference to English ones, under the idea that diseases assume varying forms according to climatic and sociological surroundings. He has kept in view: "(1) early and often overlooked signs of the presence of disease; (2) the collection of whatever symptoms are alleged, on good authority, to be pathognomonic of pathological conditions; (3) any peculiar features which diseases have been found to present in this country."

His comparisons and differentiations are very good, and arranged as they are, in double and treble columns, render the text the more easily read, and the differences of symptoms the better remembered.

B. W. J.

#### ANATOMY, DESCRIPTIVE AND SURGICAL.

By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. Carter, M.D., late Demonstrator of Anatomy at St. George's Hospital. With additional drawings in later editions. Edited by

T. Pickering Pick, Surgeon to, and Lecturer on Surgery at, St. George's Hospital; Senior Surgeon Victoria Hospital, for Children; Member of the Court of Examiners, Royal College of Surgeons, of England. A new American, from the Eleventh English, Edition. Thoroughly revised and re-edited, with additions, by William W. Keen, M.D., Professor of Surgery in the Woman's Medical College of Pennsylvania, etc.; to which is added Landmarks, Medical and Surgical. By Luther Holden, F. R. C. S., with additions by William W. Keen, M.D., Philadelphia: Lea Brothers & Co., 1887. pp. 1100.

The preface states that, in all, one hundred and thirteen new engravings have been added, of which many are original. Among these new illustrations are many of the most obvious utility, such as a series of sections through important joints; a series of frozen sections through the trunk, the extremities and the female pelvis; cuts illustrating the histology of various tissues; the shoulder and pelvic girdles; the interior of the nose and larynx; the development and occlusion of teeth, and the absorption of the alveolar process; the structure of the muscles; the ligamentum nuchæ; the occipito-frontal and the interosseous muscles; the palmar fascia; on the circulation of the brain and the spinal cord; another series to illustrate cerebral localization and topography; another on the cutaneous distribution of the nerves; a number of cuts to elucidate the anatomy of the cerebrum; two showing the sympathetic nerve; and others illustrating the peritoneum, the muscularis mucosæ, the female perineum, and the genito-urinary organs of both sexes. Wherever practicable, colors have been introduced to distinguish the veins, arteries and nerves, so that in the colored edition the American additions shall be in harmony with this novel feature of the latest English original. There is scarcely a section of the work, therefore, which has not been extensively enriched in the matter of illustrations.

The text has been prefaced with a paper "On the Systematic Use of the Living Model in Teaching Anatomy;" and, in the section on the Muscles, those postures, resisted motions and

the athletic exercises have been noted which I have found, in teaching, to be best adapted for showing the form and action of individual muscles. The additional interest thus infused into the subject will lead the student to use his own person as an ever-present living model—a habit possessing the greatest possible usefulness.

The English edition is published with all the arteries, veins and nerves in the woodcut, colored, in order to give greater clearness to the illustration, while the American edition is published both with and without colors. We are much pleased with the effect of the coloring, especially of the arteries and veins, as it leads the eye directly to the most essential point connected with these vessels, and shows their relation to other structures with greater clearness than by the uncolored method. We have always considered the book one of our best companions all through life, and we hail with delight any additions and improvements in it, such as are here brought out.

B. W. J.

**DIPHTHERIA.** Instructions for the prevention and cure of Catarrhal inflammation of the throat and of Membranous inflammation of the throat, or Diphtheria, according to Hygienic and Homœopathic Principles. Translated from the second German edition by J. Foster, M.D. Published by Dr. Willmar Schwabe, Homœopathic Central Pharmacy, Leipzig, 1887. Also a pamphlet on **CHOLERA**—its prompt and efficient treatment by homœopathy; also one on **CROUP**, being a description of croup in children, with instructions for its treatment from its earliest appearance; also one on the **EXTERNAL APPLICATION** of Homœopathic Remedies, and, lastly, one on **TOOTHACHE** and its cure: all of which are translated by J. Foster, M.D., and published by Dr. Willmar Schwabe, of Leipzig.

These constitute a series of Dr. Schwabe's homœopathic domestic pocket-pamphlet form of books. They are arranged so as to take in some of the more common diseases, for which a brief summary, together with a case of remedies adapted thereto, has been arranged. Being now in the English language, they will no doubt reach the pharmacies of America and the British

possessions. The instructions they give to the laity are good; but in large towns and cities the people have such a dependence upon their family medical attendant that they of late years have not been given to the purchase of the domestic books and remedies, such as were in vogue some thirty years ago.

**MASSAGE.** Principles and Practice of Remedial Treatment by Imparted Motion. Mechanical Processes. By Geo. H. Taylor, M.D. New York: John B. Alden, publisher, 1887. pp. 173.

The profession is beginning to learn the importance of maintaining the equilibrium of various functions of the body by giving each organ and member a sufficient amount of its natural work to perform each twenty-four hours. If the nervous system is overtaxed and the muscular is allowed too much quiet, we soon find a physical derangement somewhere manifesting itself by some irregularity in the performance of one or more of these functions of the body. There is hardly a structure in the entire human system but requires use for its development, growth, and the maintenance of its health. In diseased conditions, however, some portions of the body usually do not get a sufficient amount of action or motion. Massage, in some of its forms of application, then comes in as a good remedy, and is as valuable as rest is to other conditions, when there is an overexcited state present.

We have frequent occasion to aid patients, in addition to the properly selected medicine, by having the parts affected, or adjacent portions of the body, moved by manipulation or massage; and while we believe the subject is being a little overdone at the present day in issuing works on the subject, yet there is always room for good works on this subject, even if they are small and to the point like this little volume. The writer is quite clear and methodical in his plan of administering the various movements intended to develop back the various muscles and parts of the body to their natural condition and tone.

**A COMPLETE HANDBOOK OF TREATMENT,** arranged as an Alphabetical Index of Diseases, to facilitate reference, and containing nearly one thousand for-



mule. By William Aitken, M.D. (Edin.), F.R.S., Professor of Pathology in the Army Medical School. New York: E. B. Treat, 771 Broadway, 1887. pp. 444.

This alphabetical index of diseases, written much after the style of some of our homœopathic works on domestic practice, gives the definition and the treatment alone, the latter being from an old-school standpoint and containing hundreds of the formulæ of that school of practice. When the author says, "We have, however, in the whole range of medical literature, no book which is a reflection of the treatment of every recognized disease, no book which has taken for granted that the practitioner knows what disease he has to cope with, and aimed chiefly to supply him, ready for instant use, with the armament he must rely on to win the victory—an armament which should embrace chiefly the best methods of treatment," he has not looked into homœopathic literature, or he would have found an abundance of books giving many better remedies than he has recorded. The homœopathic treatment of these various diseases through their symptoms, and not by individual name of the disease, as he has done, with formulæ should have been at least noted when he asserts that he embraces the best methods of treatment and the experience of "every known authority."

It is evident that even in his encyclopædic work, on the Science and Practice of Medicine, he has not given the homœopathic remedies a consideration. This is not excusable in the light of medical reform as thrown in upon medical science and the treatment of disease by the science of homœopathic medicine. Every author on treatment, and especially one who makes such broad assertions, should have given an unbiassed, practical, clinical trial of such remedies and treatment before his claim of every known authority can be truly made. We see through the work evidences of his having learned some points from the new-school.

**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY.** By Robt. Faulkner, M.D. Second Edition. Boericke & Tafel, New York and Philadelphia: Price, \$2.00.

This we have for years regarded as

the best form of visiting list for the general practitioner, especially of our school, that is published, having used it in our general work for years. This second edition contains calendars from 1883 to 1890; also an obstetric calendar; list of the more common poisons and their antidotes; rules for Dr. Marshall Hall's method in asphyxia; table of the pulse, together with a most valuable repertory; while the blank-book part of the list contains the following titles: general memorandum; vaccination record; remarks; record of deaths; list of nurses; list of friends and others; obstetric record; daily engagements, with a prescription record on the opposite page. The back is so arranged that additional daily engagement and prescription record blanks can be slipped in when the book is full, and thus an unlimited number of cases can be recorded. The pencil holder, pocket for papers, and the cover-flap add to its convenience, and its shape being somewhat narrower and longer from top to bottom than the ordinary pocket visiting lists, makes it especially convenient. It is gotten up in a very neat style, with gilt edges, thin, durable paper and leather cover.

**THE MEDICAL NEWS VISITING LIST, 1888.** Thirty patients per week. Philadelphia: Lea Brothers & Co., 1887. pp. 224.

This "list" contains an explanatory preface and erasable tablet. The other contents are: How to Keep Accounts; Obstetric Table; Signs of Pregnancy; Signs of Dentition; Weights and Measures (Ordinary and Metric); Comparative Scales; Examination of Urine; Disinfectants; Table of Eruptive Fevers; Some Remedies not yet in General Use; Incompatibles; The Heart Sounds; Artificial Respiration; Poisons and Antidotes; Table of Doses; Therapeutic Table; Ligation of Arteries; Daily Record of Practice; Clinical Record; Consultation Practice; Obstetric Engagements and Practice; Vaccinations; Deaths; Addresses of Patients and of Nurses; Cash Account.

**THE PHYSICIAN'S VISITING LIST** (Lindsay & Blakiston's,) for 1888. Thirty-seventh year of its publication. Philadelphia: P. Blakiston, Son & Co. (Successors to Lindsay & Blakiston),

1012 Walnut street. Sold by all book-sellers and druggists.

This is a convenient, compact and neat list for 1888, for fifty patients per week, and contains, besides the usual prescription record, blanks for cash account, obstetric, vaccination, addresses, bills and accounts. It gives Sylvester's method for producing artificial respiration. A page of incompatibility of remedies, useful notes on examination of the urine, disinfectants, dentition, aids in the diagnosis of common ocular affections, list of new remedies, doses, metric or French decimal system of weights and measures, poisons and their antidotes, Marshall Hall's ready method in asphyxia, table of signs, and an almanac for 1888 and 1889.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. Perpetual. Boston and Providence: Otis Clapp & Son.

This little pocket visiting list, bound in Russia leather, has a diary for 1887 and 1888, together with an improved obstetric table and notes as to pulse, temperature, disinfectants, poisons, treatment of asphyxia, and a list of abbreviated and numbered remedies, with blank pages for daily engagements and prescription records, which is so arranged as to be used for any day, month or year, there being double columns, one for visit and one for prescription, for each day of the week; also a column for remarks and one for charges. Then there is a clinical record, one for consultation practice, another for obstetric engagements and cases, vaccination records, addresses of patients and nurses, and general memoranda. It is neat, complete and handy.

## Gleanings.

### The Osteogenic Factors in the Development and Repair of Bone.

Dr. Wm. Macewen offers the following propositions as the principles involved in the study of the above subject:

1. When the periosteum has been mechanically detached from an extensive area of an adult healthy bone and replaced after the lapse of some hours,

union between the bone and periosteum can take place without sloughing or observable augmentation ensuing.

2. The periosteum may be separated from the bone for a period of days by inflammatory products, after the withdrawal of which, reunion between the periosteum and the bone may take place without necrosis ensuing; show that the temporary separation of the periosteum from the bone, even as a pathological result, is not necessarily attended by death of bone.

3. The periosteum covering a portion of bone may be completely destroyed or permanently removed, yet the denuded bone may not only retain its vitality, but may throw out cells which will cover it and form a new periosteum.

4. A portion of bone which has its continuity severed on all sides, and at the same time has had all its periosteum removed, is capable of living and growing.

5. Not only do detached portions of bone deprived of their periosteum, live when reimplanted in their original position, but such portions are capable of living after transplantation. Parts of deeper layers of bone, which had no periosteal connection, have been transplanted and have lived and grown.

6. The periosteum does not initiate the reproduction of bone.

7. Bones may be regenerated independently of the medulla, which may itself be reproduced.

8. The histo-genetic phenomena support the foregoing observations, showing that the periosteum does not generate bone.

By way of conclusion, the author remarks that the study of the whole subject, shows that bone is produced and regenerated by proliferation of osteoblasts, and its development and reproduction can take place independently of the medulla and periosteum. The periosteum acts as a sheath; as a protecting, limiting membrane, through which the bone receives some of its blood supply, a very important portion being provided by the nutrient vessels. The cells, of which the bone are composed, are capable of living separated from periosteum and medulla; they possess the power of proliferation, and, consequently, of regeneration of osseous tissue.—*Annals of Surgery*, October and November, 1887.



### Dermatoses from Mental Emotions.

Professor Leloir says that by determining vaso-motor disturbances, moral shock or emotions may produce skin eruptions. These are of no great importance when of temporary duration in those not predisposed; they may become of very great moment in those who are. Anæmia, erythema, urticaria, purpura urticans, eczema, psoriasis, and a number of other diseases have been observed from this cause. The eruptions appear quickly, are superficially situated, of short duration, and are unattended with any decided subjective symptoms. Women are the most common subjects, and usually those of a nervous impressionable constitution.—*Journ. of Cutan. and Vener. Dis.*, Oct., 1887.

### The Treatment of Spastic Paralysis.

In spastic palsies due to rapidly progressive irritative diseases of the cord, massage used gently at first and skillfully increased is a comforting agent, but nothing more. Dr. S. Weir Mitchell describes another method of manipulation which has real and permanent utility in an uncertain proportion of spastic cases and seems to act, in part at least, by rendering the muscles less susceptible to the agencies which over-excite them. It has long been known that a certain amount of tension of the quadriceps renders attempts to produce the patellar tendon reflex futile. In cases in which that reflex is excessive, this tension makes it less so. It therefore occurred to Mitchell that extreme and frequent tension might lessen more permanently the exaggerated excitability of muscles. As a result of his experiments, he concludes that muscular extension is of use in all cases of hyper-excitable muscle, but that it does best in the typical spastic palsies of childhood, and in such forms as are pathologically progressive.

Every muscle concerned is to be put twice a day, and over and over in a condition of extreme tension by a series of manipulations easily taught to a strong nurse. First, the nurse takes the foot and moves each toe in flexion and in extension, steadily and to the limit of endurance, and then slowly lets it go back to rest. Next, the ankle is flexed with the knee in extension, then the knee is flexed and the foot carried firmly into prolonged extension; lateral

motions follow. The leg is then flexed strongly but with deliberate slowness, the patient being on her face, and the thigh in extension and while still in the same posture, the nurse puts a hand on the buttocks and pulls the thigh back, or sets a knee on the buttock and gently pulls the leg up from the bed, so as to stretch the quadriceps. The anterior thigh muscles may also be stretched by putting the patient on her back, half off the bed, with a pillow under the pelvis, and by pressing the leg downward. The lateral motions to stretch the adductors are managed best by two nurses, but it is easy to affect them by sitting on the bed or lounge between the limbs and so with both hands forcing the leg into abduction, while the other leg is stayed by the body of the nurse. The stretching of the posterior muscles of the thigh is also easily done by lifting the whole limb while the leg is in extension on the thigh. All motions should be firm and slow, so as not to arouse resistance, and as time goes on, should be repeated more often, as the distress lessens. At first the pain is annoying. This method of manipulation while not curative, produces marked benefit.—*Medical News*, July 23, 1887.

### A Case of Nutmeg Poisoning.

A woman finding herself pregnant procured five nutmegs, grated them, diffused them in warm water, and took the whole at one dose when just about to retire for the night. During the night she was awakened, and going to the bureau to get a glass of water found that she was unable to grasp it firmly enough to carry it. On attempting to return to bed she staggered. In a few minutes her head began to ache and her face to tingle and itch, and she felt as "if her head was turning around and around." Her face was very much flushed and she was bathed in perspiration. Nausea became very distressing and the patient complained that her head and face "were swelling." For several hours these symptoms continued with the addition of frequent and copious urination. The pupils were contracted but sensitive; the heart was pulsating 130 per minute; the pulse was of fair strength and volume; nausea was very great but there was no vomiting; there was no abdominal pain. An emetic of zinc sulphate, gr. xxx, was prescribed. For an hour she

was more comfortable, when, without any warning, there was sudden failure of the circulation and all the signs of collapse came on. The face became pallid, the pulse very rapid and weak, the respiration hurried and the patient's countenance betokened great anxiety. Small doses of spt. ammon. aromat. were then given and these symptoms disappeared, and in a day or so, the patient was practically well, although the headache and oedema of the face continued several days longer.—*Phila. Med. Times*, August 6, 1887.

#### Batthey's Operation—Its Matured Results.

Dr. Batthey, of Rome, Ga., read a paper, with the above title, at the last meeting of the American Gynecological Society. The following conclusions were presented:

1. The change of life was a most important factor in securing the complete results of the operation.

2. In a few cases a cure occurred at once, but in the majority, the patient passed through various climacteric disturbances.

3. The time which elapsed between the operation and the disappearance of these disturbances varies from one to three, or even five years.

4. Some of the cases reported were badly selected, and should not have been operated upon.

5. Patients addicted to morphine and other narcotics, must abandon the habit in order to be perfectly cured.

6. Cases proper for operation, if allowed to suffer for years unrelieved, would reach a stage when they become incurable.

7. In a few cases, intractable neuralgia in the stump developed after operation and resisted all treatment.

8. A careful analysis of the cases showed that the removal of the Fallopian tubes did not appear to influence the production of the menopause or the final cure.

9. The operation was not infallible, the percentage of failures was large, but not more so than in many other operations in surgery, notably those for the cure of cancer of the uterus.—*Medical News*, October 1, 1887.

#### Purpura with Circinate Lesions.

Dr. H. W. Stelwagon reports the case of a man on whose body appeared

lesions that were macular, without elevation, of a reddish-purple and bluish color, and the greater number of annular form. The lesions from beginning to end were of a hemorrhagic nature, there being no preceding or accompanying hyperæmia. There were no subjective symptoms, and with the above exception the patient was in the best of health. In the course of four or five months the eruption disappeared spontaneously.—*Journ. of Cutan. and Vener. Dis.*, Oct., 1887.

#### Cerebral Congestion following Removal of the Uterine Appendages.

Dr. H. C. Coe believes that many of the patients who recover from the operation involving the removal of the uterine appendages, do so to suffer from ills the direct consequence of the operation. It cannot be denied that laparotomists can give us only meagre information concerning the condition of patients one or more years after recovery from the operation. The general impression given by them is that the removal of the uterine appendages is seldom followed by any disturbances—in fact, that the system accommodates itself at once to the sudden and rude interruption of the menstrual function. Theoretically it would seem as if a young woman in the prime of her sexual activity, ought to be more seriously affected by the artificial induction of the menopause than one in whom the gradual disappearance of the function keeps pace with the general senile atrophy. Careful investigation, moreover, will show that irregular or periodical metrostaxis, constant or recurring pelvic pain, "flushings," neuralgic and various minor vaso-motor disturbances, such as are noted at the natural climacteric, appear for a shorter or longer time in not a few. Dr. Coe reports two cases in which violent congestive headaches at the menstrual period, followed the removal of the ovaries. In fact, he thinks that cerebral congestion is a well recognized sequela of the operation referred to, and that it would be found more frequent than is supposed if we were able to follow up these cases. According to Olshausen the phenomena observed after castration do not, as a rule, appear with the periodicity of menstrual disturbances, but are rela-



tively more severe and persistent than those observed in connection with spontaneous cessation of the flow. The duration of this distressing condition after removal of the appendages is uncertain, and this uncertainty should lead the laparotomist to express a guarded opinion when asked by a patient to fix a certain limit to her after-symptoms. Hegar has noted the presence of menstrual moulins five years after castration.—*The Medical Record*.

#### Iodism in a Nursing Infant.

Koplik reports a case in which iodide of potassium was given to a nursing woman. Shortly after which her infant developed some few macules and papules of a rose-red color on the right arm and on the forehead. Within two days these were reinforced by others on the chin and upper part of the chest and abdomen. The old spots had developed minute pustules. There were some looseness in the bowels and some dyspeptic symptoms and a little increased secretion in the nose.—*The Medical Record*.

#### Iodoform Poisoning.

Dr. R. W. Taylor reviews a number of cases in which the local use of iodoform gave rise to constitutional symptoms or to a well marked exanthem. Observations by previous writers have shown that the toxic effects of iodoform are observed more frequently in the form of systemic involvement than in that of cutaneous manifestations. The skin lesions due to this agent may be divided into erythema, eczema and purpura.

The erythemata due to iodoform are prompt in their invasion, and their extension is rapid. They may increase from an original focus of contact with the drug and extend over parts of or over the whole body, or they may also thus begin and be met with patches which have developed in parts remote from the point of invasion. Then again, a more or less general erythematous rash may follow the simple act of smelling the agent without any contact whatever. Reaching their full evolution in one or several days, they, under favorable circumstances, rapidly undergo involution. In some instances the erythema is very superficial and comparatively mild, and pinkish in color. In others it is superficial but very deep

in hue and may be termed scarlatiniform so great is the dermal congestion. Then in rather exceptional cases, and usually in those presenting more or less grave constitutional symptoms, the erythema presents in its hue and branny feel, points of resemblance to erysipelas. The iodoform erythema may assume several forms.

The iodoform eczema is of rapid evolution. It may begin at the point of contact of the drug, or at a distant point, or simply from smelling the drug. The erythema and infiltration go promptly on to vesiculation and the formation of a well-marked weeping surface, in all respects similar to the ordinary eczema madidans. The involution is almost as rapid as the evolution, providing the toxic agent is removed. But in some instances, because of debility, of marked eczematous tendency, or of excessive idiosyncrasy, the affection shows a tendency to become chronic.

Janowsky reports a case of purpura from iodoform. There were no systemic symptoms.

Among the systemic symptoms associated with the cutaneous lesions, may be noted high fever, albuminuria, headache, loss of appetite, mild delirium, loss of memory, sleeplessness, dementia, mania, and melancholy.—*N. Y. Medical Journal*, Oct. 1, 1887.

#### Notching of the Incisor Teeth not due to Syphilis.

Jonathan Hutchinson says that there is a notching of the upper incisor teeth affecting the two central ones of the permanent set, which is often confounded with that due to syphilis, although having no connection with it. The points of distinction are that the non-syphilitic tooth is wide at its free edge, and is hard and craggy, while that from syphilis is pointed and worn down. A case is mentioned where such notched teeth were hereditary in a family, the defects occurring in pairs and never affecting the whole row.—*N. Y. Medical Journal*, Oct. 1, 1887

#### Herpes Zoster and Prunus Spinosa.

Van den Berghie has succeeded in removing the very troublesome neuralgic pain which often remains when the eruption of shingles has disappeared, by means of prunus spinosa<sup>30</sup>.—*Homoeopathic World*, Nov., 1887.

### Dangers Attending the Treatment of Obesity.

Prof. Rosenfeld argues that Oertel's method of treating obesity is not without danger. The deprivation of liquids tends to augment the relative quantity of uric acid excreted, and thereby may provoke parenchymatous nephritis, with albuminuria. Strict supervision is, he thinks, always necessary. Prescriptions relative to mountain climbing and to abstention from liquids ought to be followed with prudence by persons whose habits have previously been opposed to this regimen. They should cease the treatment immediately upon the appearance of dyspnoea, vertigo and other symptoms indicative of cardiac incapacity. The attention of the physician ought to be directed to the heart, the stomach and the urine.—*Med. and Surg. Rep.*, Nov. 20, 1887.

## News, Etc.

**PERSONAL ITEMS.**—Dr. Biddle R. Marsden has removed to Main street, corner of Graver's Lane, Chestnut Hill, Philadelphia.

Dr. Harriet J. Sartain, has removed to No. 212 West Logan Square, Philadelphia.

Dr. Gertrude Goervey Bishop has removed to No. 475 Madison street, Brooklyn, N. Y.

THE RHODE ISLAND HOMŒOPATHIC HOSPITAL reports for the year ending October 31st, 1887:

Number of patients at the beginning of the year,	7
Admitted during the year,	39
Discharged,	36
Remaining in hospital,	10
Medical cases admitted during the year,	18
Surgical cases,	19
Ophthalmic cases,	2
Death,	1
Birth,	1

THE AMERICAN HOMŒOPATHIST.—Dr. Underwood is about to leave the editorial chair of the *American Homœopathist*, and Dr. Frank Kraft, formerly connected with the *Advance*, has been appointed his successor. Dr. Kraft's present address is Sylvania, Ohio.

THE THIRD ANNUAL LECTURE before the Alumni Association of the New

York Homœopathic Medical College, was delivered on Wednesday evening, November 30th, at the Ophthalmic Hospital, by Prof. John S. Mitchell, M. D., of Chicago. His theme was "The Relation of Homœopathy to Malignant Diseases."

THE STATE BOARDS OF HEALTH will hold their next Annual Conference at Cincinnati, Ohio, in June, 1888. Its object is to consider practical questions relating to the work of State Boards of Health.

THE HOMŒOPATHIC FREE DISPENSARY, OF WASHINGTON, D. C.—The Fifth Annual Report of this institution shows that during the year ending October 31, 1887, there were treated 2,921 patients, and 8,840 prescriptions were issued. The surgical cases were 99; eye and ear, 190; respiratory diseases, 594; digestive, 575, and gynecological, 727. The President of the medical staff is Dr. Edgar Janney; Secretary, Dr. Grace Roberts, 420 C street, Southeast. Dr. Janney, in a private letter, says: "The National Homœopathic Hospital, located farther up town, also has a dispensary which is doing a grand work. It is under a different management, and, of course, issues its own separate report."

BUREAU OF GYNECOLOGY, AMERICAN INSTITUTE OF HOMŒOPATHY.—The Chairman of the Bureau of Gynecology, for 1888, has selected, as the general subject for discussion; "Uterine Therapeutics."

The following are the special subjects, with the names of those members to whom has been assigned the duty of preparing reports, and of those who are to discuss them:

I.—"CHANGES IN FORM AND POSITION OF THE UTERUS."

(a.) *Pathological Indications*: to Report—Dr. O. S. Runnells, Indianapolis; to Discuss—Dr. L. L. Danforth, New York.

(b.) *Symptomatic Indications*: to Report—Dr. C. B. Kinyon, Rock Island; to Discuss—Dr. L. A. Phillips, Boston.

II.—"NEOPLASMS OF THE UTERUS."

(a.) *Pathological Indications*: to Report—Dr. T. G. Comstock, St. Louis; to Discuss—Dr. R. Ludlam, Chicago.

(b.) *Symptomatic Indications*: to Report—Dr. S. P. Hedges, Chicago; to Discuss—Dr. A. Claypool, Toledo.



### III.—"NUTRITIVE DISTURBANCES."

(a.) *Pathological Indications*: to Report—Dr. E. M. Hale, Chicago; to Discuss—Dr. Philip Porter, Detroit.

(b.) *Symptomatic Indications*: to Report—Dr. B. F. Betts, Philadelphia; to Discuss—Dr. N. Schneider, Cleveland.

Each writer must furnish to the Secretary of the Bureau, one month before the opening of the Institute, an abstract of his paper, whether it be read or not. This is in compliance with a standing resolution of the Institute.

As the subject selected must prove of great interest to the profession, and will, no doubt, meet with a hearty reception from the Institute, you are especially requested to assist the Bureau by presenting as complete a paper as possible. Any additional information regarding the work of the Bureau may be obtained through the Secretary.

The Chairman, recognizing the importance of a thorough and comprehensive discussion of the various papers presented, trusts you will be sufficiently interested in the report, to give your personal experience in this department.

Other members of the Institute, specially interested in these subjects, are invited to come prepared to discuss them.

EDWIN M. HALE, M. D., *Secretary*.  
PHIL. PORTER, M. D., *Chairman*.

DONATION DAY at the HAHNEMANN COLLEGE HOSPITAL was a marked success, notwithstanding that it followed so closely upon the conclusion of the Carnival. There were received a large amount of "commissary stores," besides innumerable packages of dainties suitable for sick people, and nearly a thousand dollars in cash.

THE INTERNATIONAL CARNIVAL, for the benefit of the Hahnemann College Hospital, and the Children's Homœopathic Hospital, held in Horticultural Hall, was a splendid success. We are not informed as to the exact net proceeds, though we know that thousands of dollars were added to the treasuries of both institutions. The influence of the "Carnival" was such as to attract public attention strongly towards these two great charities, and secured for them the interested recognition of many citizens who otherwise would have remained uninformed regarding

their claims to public support. The enterprise was also useful in that it tended towards the development of a sentiment of unity between the friends of the two hospitals, and must have added largely to the number of those who are *practically* friendly to both. Too much praise cannot be awarded to the ladies who planned the enterprise, and by almost herculean labors prosecuted it to so magnificent a conclusion.

## Obituary.

JOHN K. LEE, M.D.—On the morning of November 10, 1887, Dr. John K. Lee, of Philadelphia, was unexpectedly summoned from earth, after an illness of a few hours. On the previous evening he attended, as one of the specially invited guests, the tenth anniversary celebration of the Bœnninghausen Club, and sat at the dinner with his hosts until past midnight, though before leaving the banqueting-room he complained of precordial pain and other discomforts. After reaching his home his symptoms grew worse, but were not of a character to alarm his family until a few minutes before his death, which occurred at half-past five o'clock.

Dr. Lee was born of English parentage, in Allegheny County, Pa., May 2, 1824, and was educated at an academy in his native district, afterwards entering Allegheny College, at Meadville, from which he graduated in 1849. He immediately engaged actively in medical studies, under the preceptorship of the late Walter Williamson, M.D., of Philadelphia, and on March 4, 1851, received the degree of Doctor of Medicine from the Homœopathic Medical College of Pennsylvania, and at once began the practice of his profession in West Philadelphia, which he made his permanent home.

In 1860 Dr. Lee was elected to the chair of *Materia Medica* in his Alma Mater, and filled the position acceptably for two years, at the end of which period he resigned in order to devote his entire attention to his practice. He was an active member of the county and State societies, having assisted in their organization, and was, at one time, the president of the latter body. He exerted a most wholesome influence in the firm establishment of homœopathy in that important portion of the city—

a district noted for the culture and influence of its citizens—his high character as a Christian gentleman, having secured him the personal friendship of many of the most distinguished citizens of the community in which he lived.

For a long period—more than a score of years, we believe—he held a position as Director of the Public Schools, and was warmly interested in their efficiency and prosperity. About three years ago Governor Pattison appointed him a member of the State Board of Public Charities, a position of great responsibility, and demanding the exercise of the highest discretion. So well did he fulfil the requirements of this official post that Governor Beaver recently re-appointed him for a second term.

The high place held by Dr. Lee in the estimation of the Philadelphia profession was well shown upon the occasion when, some three years ago, the various medical societies and clubs of the city united to celebrate the birth of Hahnemann, and Dr. Lee was unanimously chosen, as the man best qualified to represent each and all the organizations, to preside at the festivities. Of commanding presence, dignified, yet always courteous and genial in his relations with his professional and lay acquaintances, and entertaining the highest conceptions of public and private purity and integrity, he was eminently adapted to secure for himself and the profession he represented the highest measure of public confidence and esteem.

PERCIVAL O. B. GAUSE, M. D.—After a lingering illness, Dr. "Percy" Gause, as he was familiarly known—the loved son of Professor O. B. Gause, M. D.—departed this life, on November 10, 1887, at his parents' new home in Aiken, South Carolina, at the age of twenty-seven years. Born and educated in Philadelphia, he began the study of medicine under the preceptorship of his father, and after graduating at the Hahnemann Medical College he went to Europe and spent a considerable period in the study of Surgery and other applied branches in the Vienna and other hospitals. Shortly after his return evidences of failing health began to be manifest, and these persisted, with some deceptive intervals of apparent improvement, until his decease. The nature of his malady was somewhat obscure, but

every promise held out by both medical and hygienic science, was tested in the hope of preserving what, it was believed, would prove to be a most valuable professional life. Thus it came about that an unusually wide-spread professional interest was excited in behalf of young Dr. Gause's case, and, on all sides, his near friends were met with anxious inquiries and expressions of earnest hope for his recovery. This, however, was not to be, and shortly after the removal of the family to Aiken, S. C., the spirit took its departure.

Professor Gause and his family will have the warm sympathy of many professional and lay friends in the loss of so estimable a son and brother; one in whose life there was bound up so much of promise and of hope.

JOHN A. BURPEE, M. D.—Aged 64 years, died Nov. 10th, 1887, at his home in Malden, Mass. His medical studies were pursued at the Homeopathic Medical College of Pennsylvania, where he graduated March 1, 1854. Skilful, genial, sympathetic and benevolent, he was the centre of a host of confiding friends and patients, who will deeply mourn his departure.

MR. GILBERT POPE.—The *N. E. Medical Gazette* has the following:

"It is with sincerest sympathy and sorrow that we chronicle the death of Mr. Gilbert Pope, son of our honored colleague, Dr. Alfred C. Pope, of Tunbridge Wells, England. Mr. Pope was a young man of the highest promise. He was connected with one of the chief electric-light companies of Great Britain, and was sojourning on business connected with its service at Waterford, Ireland, when he was stricken with the low fever, which ended in his death. While at Waterford he endeared himself to its people, by an exhibition of splendid courage and self-devotion in a rescue from drowning, where he risked his own life in successful effort to save another's. We assure Dr. Pope of the deep and affectionate sympathy which will be universally felt for him by his American *confrères* in this heavy sorrow which has come to shadow his useful and honored life."

THE HAHNEMANNIAN asks to be permitted to join with the *Gazette* in respectfully tendering sympathy and condolence to our bereaved colleague.



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